

04/01/2025 - 06/30/2025

Spec Name	Min Outcome	Diag Proc	Reason For Denial	Indication Offered	Auth Count
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	16
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4

Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	4
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Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	4
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	8

Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is a Medicare member.; Headache best describes the reason that I have requested this test.	4
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	4
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; 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.	4

Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Advanced Practice Registered Nurse	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is not a history of serious head or skull, trauma or injury.; There is no suspicion of a neoplasm or metastasis.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of an acoustic neuroma, pituitary or other tumor.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4
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Advanced Practice Registered Nurse	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is not a history of serious head or skull, trauma or injury.; There is no suspicion of a neoplasm or metastasis.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of an acoustic neuroma, pituitary or other tumor.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4
Advanced Practice Registered Nurse	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is suspicion of a bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4

Advanced Practice Registered Nurse	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	4
Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	4
Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.	12

Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	8
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material			4
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	8

Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.	4
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	16
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	4

Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.	4
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.	12
Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4

Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Asymptomatic with abnormal ultrasound showing severe stenosis (70% or more) best describes the clinical indication for requesting this procedure	4

Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Symptomatic with abnormal ultrasound showing moderate stenosis (50% or more) best describes the clinical indication for requesting this procedure	4
Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	4

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	24
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	40

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	8
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	4

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are NO documented localizing neurologic findings.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	4

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	8
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; 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.	4

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Ringing in the ears (tinnitus), hearing loss or abnormal hearing test best describes the reason that I have requested this test.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	76

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	36
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; 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.	8

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; It is unknown if the patient had a memory assessment for cognitive impairment completed	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is NOT a new/initial evaluation	4

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; 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).	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	4

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	4
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Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; 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.	16

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; 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.	4
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Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material			8

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	16
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	44
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; Abnormal mass in the chest, chest wall, or lung 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	4

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; An abnormal imaging (xray) finding 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).	4
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain 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.	4

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	8
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Another abnormality 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.	4

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		'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	8
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.	4

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; It is unknown when the primary symptoms began; Chemotherapy was given for this diagnosis	4
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Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	4
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Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	40
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Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
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Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4
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Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4
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Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	4
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Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4
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Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; This is a request for a Chest CT.; This study is being ordered for follow up trauma.; The study is being ordered for none of the above.	4
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	8

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		They did not have a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	12

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	4
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	28
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	16

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	12
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	8
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This study is being requested for known cancer or tumor	4

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)			4
Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	12

Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	12
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Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; It is unknown if the pack year (PPY) is documented in the patient's chart.</p>	8
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Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.</p>	44
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Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.</p>	112
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Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is a Medicare member.;</p> <p>The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.;</p> <p>The patient is between 50 and 77 years old.;</p> <p>The pack year (PPY) is documented in the</p>	4
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Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient is between 50 and 77 years old.; It is unknown if the pack year (PPY) is documented in the patient's chart.</p>	4
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Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	24
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Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	76
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Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	4
Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	4

Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probability score.	12
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Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material		<p>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 for follow-up surgery or fracture within the last 6 months.; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; 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 ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurological</p>	4
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Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for 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.	4
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Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4
Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4

Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; ; There is not x-ray evidence of a recent lumbar fracture.	4
Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Pre-Operative Evaluation; It is not known when surgery is scheduled.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			4

Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4

Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	8

Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	12
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a new onset or changing radiculitis / radiculopathy; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.	4

Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury occur within the past 72 hours.; There is new onset radiculitis/radiculopathy.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4

Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This 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.	4

Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	8
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	20

Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	36

Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4

Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	8

Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.</p>	4
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Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI;</p> <p>This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or</p>	4
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Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; bilateral ankle and knee diminished reflexes +1/4	4
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	4

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6 months	32

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; Advanced Practice Registered Nurse	12
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	84
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	4

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	28
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	8
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	4

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	24

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	8
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	16
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	20

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	24
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Ice and/or heat has been used for the patient's back pain; The procedure is being ordered for acute or chronic back pain	16
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	36

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Medications were given for this diagnosis</p>	4
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Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
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Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	20
Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)			4

Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is infection based on symptoms.	4
Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Other not listed best describes the reason for this procedure	4
Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Pelvis fracture or injury best describes the reason for this procedure; The result of a prior x-ray was a suspected fracture. ; The ordering provider's specialty is NOT Orthopedics, Pediatrics, Sports Medicine, Physical Medicine, Rehabilitations or Doctors and Rehabilitation	4

Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was a physician-supervised home exercise program.; Four weeks or more of conservative treatment was completed.; The treatment was completed within the last 6 months.; An Xray has been previously conducted.; The pain is musculoskeletal	4
Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; The pain is best described as other not listed	4

Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for initial staging.	4
Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is infection based on symptoms.	4

Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was a physician-supervised home exercise program.; Four weeks or more of conservative treatment was completed.; The treatment was completed within the last 6 months.; An Xray has been previously conducted.; The pain is musculoskeletal	4
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Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was physical therapy.; Four weeks or more of conservative treatment was completed.; The treatment was completed within the last 6 months.; An Xray has been previously conducted.; The pain is musculoskeletal	4
Advanced Practice Registered Nurse	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an Arm CT Non Joint; There is a history of upper extremity joint or long bone trauma or injury.	4

Advanced Practice Registered Nurse	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.	8
Advanced Practice Registered Nurse	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	4
Advanced Practice Registered Nurse	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	8

Advanced Practice Registered Nurse	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	8
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	4

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or 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.	8

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	4

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	28
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Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.</p>	4
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Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	48

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	16
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Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.</p>	4
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Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	4

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	4
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Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
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Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; It is unknown if there is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.	4

Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; It is unknown if there is a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	4
Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	4

Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material		This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Leg CT.	4
Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material		This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Leg CT.	4
Advanced Practice Registered Nurse	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	4

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; It is unknown if there are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	4

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	4

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has NOT had foot pain for over 4 weeks.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	12
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	12

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	36

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Prior surgery was noted as an indication for knee imaging; The surgery was done in the past 90 days.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Post-operative Evaluation	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	12
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	20

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	8
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	4

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The study is for a mass, tumor or cancer.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The study is not requested for any of the standard indications for Knee MRI	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	4

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is being planned or has already been performed.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is NOT being planned nor has one already been performed.	4

Advanced Practice Registered Nurse	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	8
Advanced Practice Registered Nurse	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	4

Advanced Practice Registered Nurse	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
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Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; This is NOT a Medicare member.	4
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.	4

Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; It is unknown if the patient has new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.	4
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Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.	12
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Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		<p>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.</p>	4
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Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		<p>This is a request for an Abdomen CT.; This study is being ordered for another reason besides</p> <p>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 Medicare member.</p>	4
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Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	8
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Something other than the spleen, liver or kidney is enlarged.	4
Advanced Practice Registered Nurse	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	8

Advanced Practice Registered Nurse	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; This is a request for an Abdomen CTA and Chest CTAordered in combination; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			8

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	8
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; It is unknown when the primary symptoms began; Chemotherapy was given for this diagnosis	4
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	4
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	40
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	8
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	4
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.	4
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.</p>	4
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.</p>	28
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for 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.	4
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.</p>	8
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were 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.	4
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has 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 study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.</p>	4
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.</p>	8
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.	4
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	36
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	32

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	28
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	16

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	16
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	8

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; It is unknown if a contrast/barium x-ray has been completed.; It is unknown if the patient have an endoscopy.; The patient is Male.</p>	4
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	8

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	4

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	36
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	12

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was inconclusive; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Adrenal cancer is suspected.	4

Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was inconclusive; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	4
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for initial staging.	4
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other not listed best describes the reason for this procedure.	8

Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	4
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for Remission/Surveillance .	4
Advanced Practice Registered Nurse	Approval	74263 Computed tomographic (CT) colonography, screening, including image postprocessing		This is a request for CT Colonoscopy for screening purposes only.	4
Advanced Practice Registered Nurse	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This Heart MRI is being requested for Other	4

Advanced Practice Registered Nurse	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		This is a request for a CT scan for evaluation of coronary calcification.	4
Advanced Practice Registered Nurse	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for a Heart CT.	4

Advanced Practice Registered Nurse	Approval	75574 Ct Angio Hrt W/3d Image		<p>Patient's father had first MI in his 40s with no prior cardiac symptom, had additional cardiac workup with normal results in his 60s. Patient's father deceased at 67 yrs old from MI.;;Patient needs Coronary Artery CTA to assess for CAD due to chest pai; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The</p>	4
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Advanced Practice Registered Nurse	Approval	75574 Ct Angio Hrt W/3d Image		SOB, AFIB, HYPERTENSION; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
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Advanced Practice Registered Nurse	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The condition is suspected; Another test not listed was done in the last 6 weeks; This study is requested for coronary artery disease	4
Advanced Practice Registered Nurse	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient is Male.; The condition is suspected; No other testing has been done in the last 6 weeks; The Member is 50 years old or older; The patient is not experiencing chest pain; This study is requested for coronary artery disease	4

Advanced Practice Registered Nurse	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	8
Advanced Practice Registered Nurse	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	4
Advanced Practice Registered Nurse	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	4

Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; No, the patient does not have a known mutation such as BRCA1, BRCA2, PTEN or TP53.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This screening is a follow-up from genetic testing.; The patient has not completed a mamogram.; This study is being ordered as a screening examination.	4
Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This is being requested for initial staging.; The mammogram results were abnormal.; This study is being ordered for a history known of breast cancer.	4

Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This study is being ordered for known or suspected breast lesions.	8
Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; 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.	12

Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The patient does NOT have a lifetime risk score of greater than 20.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; The patient has a family history of breast cancer.; The patient has a BI-RADS score of 2.; This study is being ordered as a screening examination.	4
Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The patient has a lifetime risk score of greater than 20.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; The patient has a family history of breast cancer.; This study is being ordered as a screening examination.	24

Advanced Practice Registered Nurse	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)		This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	8
Advanced Practice Registered Nurse	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	4

Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		<p>Cardiomyopathy with worsening shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of</p>	4
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Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		<p>HFpEF suspected during hospitalization 9/24.; ;Possible prior myocardial infarction in El Salvador for which they recommended medical management. We do not have records;- Stress test 5/20 showed "Difficult myocardial perfusion. No gross reversible isc; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	4
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Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		<p>The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin;</p>	4
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Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed More than 6 months ago	4
Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; It is unknown when the symptoms began or changed	4

Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.;</p> <p>The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin;</p> <p>The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year;</p>	4
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Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.;</p> <p>This is NOT a Medicare member.;</p> <p>The patient has a known revascularization by insertion of a stent;</p> <p>The vessel that had the stent inserted is Circumflex</p>	4
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Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4
Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	4

Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4
Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	16

Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis</p>	4
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Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation		This is a request for a Brain PET scan; This study is being ordered for refractory seizures.; This study is being ordered for pre-surgical evaluation.	4
Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient does NOT have a current or past history of diagnosed cancer.	4

Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	20
Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lymphoma or Myeloma.	4

Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4
Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lymphoma or Myeloma.	4

Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Fluciclovine (18F).	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities; This study is being ordered for Follow-up to a prior test	4

Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed; This study is being ordered for Follow-up to a prior test	4
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress</p>	8
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress</p>	4
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a pre-operative or post operative evaluation.	12
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for congenital heart disease.; This study is being ordered for none of the above or don't know.</p>	8
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	4

Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are NO new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	8
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	8

Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	16
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	4
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; New abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	4
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.</p>	4
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.	4

Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	4

Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	8
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	20

Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	8

Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	12

Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	16
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	20

Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	4
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood</p>	4
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart</p>	4
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</p>	4
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart; Their enlarged heart is not due to any of the listed indications</p>	4
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	4
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac</p>	4
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or</p>	4
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	12

Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.</p>	4
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	4
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.;</p> <p>A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	4
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	8
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	4

Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	8
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	4
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	8
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.;</p> <p>The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	4
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Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Advanced Practice Registered Nurse	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	4
Advanced Practice Registered Nurse	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	8

Advanced Practice Registered Nurse	Approval	93350 Stress Tte Only		<p>This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.</p>	12
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Advanced Practice Registered Nurse	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Advanced Practice Registered Nurse	Approval	S8037 Magnetic Resonance Cholangiopancreatography		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.	4
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	32
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	8

Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' describes the headache's character.; Headache best describes the reason that I have requested this test.	4
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This 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.	16
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a headache, elevated sedimentation rate and or the patient is over 55 years old; Headache best describes the reason that I have requested this test.	4

Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	16
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; 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.	4

Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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Advanced Practice Registered Nurse	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Internal Auditory Canal CT.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are not neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is not a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is not a pre-	4
Advanced Practice Registered Nurse	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.	4

Advanced Practice Registered Nurse	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	4
Advanced Practice Registered Nurse	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.	4

Advanced Practice Registered Nurse	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Advanced Practice Registered Nurse	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Advanced Practice Registered Nurse	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.	4

Advanced Practice Registered Nurse	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.	4
Advanced Practice Registered Nurse	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	4
Advanced Practice Registered Nurse	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	4
Advanced Practice Registered Nurse	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.	4

Advanced Practice Registered Nurse	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4
Advanced Practice Registered Nurse	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Advanced Practice Registered Nurse	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Advanced Practice Registered Nurse	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for post-procedural evaluation; The ordering provider's specialty is NOT Neurological Surgery; Other was performed	4
Advanced Practice Registered Nurse	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed	4

Advanced Practice Registered Nurse	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Advanced Practice Registered Nurse	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for post-procedural evaluation; The ordering provider's specialty is NOT Vascular Surgery, Neurological Surgery or Surgery; Other was performed	4

Advanced Practice Registered Nurse	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Advanced Practice Registered Nurse	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This 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.	8
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This 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.	8
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Ringing in the ears (tinnitus), hearing loss or abnormal hearing test best describes the reason that I have requested this test.	4

Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	8
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; 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.	4

Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	4
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score was less than 26	4

Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	4
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Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	4
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	4
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.	4
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.	4

Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4
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Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	They did not have a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4

Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	16
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Advanced Practice Registered Nurse	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	4

Advanced Practice Registered Nurse	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	4
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Advanced Practice Registered Nurse	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is 49 years old or younger.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.	4
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Advanced Practice Registered Nurse	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	4
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Advanced Practice Registered Nurse	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the	4
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Advanced Practice Registered Nurse	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient is between 50 and 77 years old.; It is unknown if the pack year (PPY) is documented in the patient's chart.	4
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Advanced Practice Registered Nurse	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Other not listed; This is a request for an Abdomen CTA and Chest CTAordered in combination; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery	4
Advanced Practice Registered Nurse	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; It is unknown if the patient has an elevated D-dimer blood test.	4

Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4

Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.	4

Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Patient describes weakness when he walks too much.; There is not x-ray evidence of a recent lumbar fracture.	4
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Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
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Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; There has not been a recurrence of symptoms following surgery.; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurological Surgery, Neurology or Orthopedics	4
Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Known or Suspected Infection or abscess; There is laboratory or x-ray evidence of osteomyelitis.	8

Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Neurologic exam finds;Sensory Diminished sensation to anterior left thigh; There is not x-ray evidence of a recent lumbar fracture.	4
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Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
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Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	4

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	16
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a new onset or changing radiculitis / radiculopathy; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.	4

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	4

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	12
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	4

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This 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	8

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	12
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; The patient has None of the above	4

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	8

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This 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	44

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	40
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	4

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
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Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4

Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8

Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4

Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4

Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	8

Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4
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Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	4
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Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	8
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Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.; There has not been a recurrence of symptoms following surgery.; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical	4
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Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Patient presents with pain limited ROM and bilateral plantar flexion weakness of 3/5. - Due to the severity symptoms, patient cannot tolerate physical therapy at this time.; ;S1:	4
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Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary		4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	4

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	8
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; Advanced Practice Registered Nurse	20
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	100

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	24
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	8

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	24

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Recent evidence of fracture documented by x-ray	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	96
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	8

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago	4

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	8

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
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Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4
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Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	8

Advanced Practice Registered Nurse	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
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Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is not listed.	4
Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was physical therapy.; Four weeks or more of conservative treatment was completed.; The treatment was completed within the last 6 months.; An Xray has been previously conducted.; The pain is musculoskeletal	4

Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Hernia best describes the reason for this procedure; The patient's hernia is suspected (occult).; No prior imaging has been conducted	4
Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was medications.; The pain is musculoskeletal	4
Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; A biopsy is planned in 6 months or less; The ordering MDs specialty is NOT Urology	4

Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4
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Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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Advanced Practice Registered Nurse	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	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.	4
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Advanced Practice Registered Nurse	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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Advanced Practice Registered Nurse	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is described as chronic; 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.	4

Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is 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.	4
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	4
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	12

Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	4
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.	4

Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	4
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4

Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	20
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
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Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
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Advanced Practice Registered Nurse	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is NOT for pre-operative planning; The patient does not have a documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is NOT a history (within the last six months) of significant trauma, dislocation, or</p>	4
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Advanced Practice Registered Nurse	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is NOT for pre-operative planning; The patient has documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip. ; The	4
Advanced Practice Registered Nurse	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	4

Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with crutches for at least 4 weeks.	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for 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.	8
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	24

Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	4

Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	16
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	16

Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	8

Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is 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.	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	4

Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	12
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Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
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Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
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Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
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Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
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Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	4

Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This 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.	16
Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	4

Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; It is not known if there is a suspicion of tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.	4
Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4

Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	4
Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; This is NOT a Medicare member.	4

Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.	4
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Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by labs.; A Catecholamine lab test was completed and found to be abnormal.	4
Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.	8

Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.	4
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Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; 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 NOT a Medicare member.	4
Advanced Practice Registered Nurse	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	4

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4
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Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has 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.	4
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Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has 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.	8
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Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; 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.	4

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	20

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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.	8
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Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	4
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Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); NAUSEA AND LETHARGY; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); ongoing nausea despite treatment, vomiting, decreased appetite; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); urinary hesitancy; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is known or suspicion of an abdominal aortic aneurysm.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	12

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	8
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Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; 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.; The patient is Female.	4
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Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	8
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	12
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	16

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	12
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	No prior imaging has been conducted; Hernia best describes the reason for this procedure.; The patient's hernia is suspected (occult).	4

Advanced Practice Registered Nurse	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	4
Advanced Practice Registered Nurse	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	This is a request for a CT scan for evaluation of coronary calcification.	8
Advanced Practice Registered Nurse	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary		4
Advanced Practice Registered Nurse	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; No other study was performed	4

Advanced Practice Registered Nurse	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	8
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Advanced Practice Registered Nurse	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.;</p> <p>The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin;</p> <p>The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study</p>	4
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Advanced Practice Registered Nurse	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a Body Mass Index (BMI) greater than 40	4
Advanced Practice Registered Nurse	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	4

Advanced Practice Registered Nurse	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary		4

Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	4
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Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	4
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Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	8
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Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Myocardial Perfusion Imaging has been completed; This study is being ordered for Follow-up to a prior test	4
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Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; This study is being ordered for Chest pain of suspected cardiac etiology	4
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Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The murmur is NOT described as grade 3/6 or greater; It is unknown if there are clinical symptoms supporting a suspicion of structural heart disease; This is a request for the initial evaluation ; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	4
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Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress	8
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Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a pre-operative or post operative evaluation.	12
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Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for congenital heart disease.; This study is being ordered for none of the above or don't know.	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	12

Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	8
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Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4
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Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms was more than 6 months ago.;; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	4

Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
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Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Advanced Practice Registered Nurse	Disapproval	93312 Echo Transesophageal	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.; The patient is 18 years of age or older.	4
Advanced Practice Registered Nurse	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	4

Advanced Practice Registered Nurse	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	4
Advanced Practice Registered Nurse	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Allergy & Immunology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.	4
Allergy & Immunology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	8

Allergy & Immunology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		<p>This study is being ordered for Inflammatory/ Infectious Disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Medications were given for this diagnosis</p>	4
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Allergy & Immunology	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Allergy & Immunology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4

Ambulatory/Walk-in Clinic	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	4
Ambulatory/Walk-in Clinic	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Ambulatory/Walk-in Clinic	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	4

Ambulatory/Walk-in Clinic	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4
Ambulatory/Walk-in Clinic	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4

Ambulatory/Walk-in Clinic	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	4
Ambulatory/Walk-in Clinic	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4

Anesthesiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	4
Anesthesiology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	4

Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for 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.	4
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Anesthesiology	Approval	72128 Computed tomography, thoracic spine; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Other not listed was done for this diagnosis</p>	4
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Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		<p>This is a request for a lumbar spine CT.;</p> <p>Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;</p> <p>It is not known if the patient has a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is weakness.;</p> <p>There is not x-ray evidence of a recent lumbar fracture.</p>	4
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Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.	4
Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Known or Suspected Infection or abscess; There is laboratory or x-ray evidence of osteomyelitis.	4

Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Known or Suspected Infection or abscess; There is no laboratory or x-ray evidence of osteomyelitis.; There is not laboratory or x-ray evidence of meningitis.; There is laboratory or x-ray evidence of an infected disc, septic arthritis, or discitis.	4
Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	4

Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			4

Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via BBl.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4

Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	12
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
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Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	12

Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	4

Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	8

Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; The patient has None of the above	4

Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	8

Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	8
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	36

Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Pre-operative evaluation describes the reason for requesting this procedure.	8
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4

Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4

Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI;</p> <p>This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is recent evidence of a thoracic spine fracture.;</p> <p>There is weakness.;</p>	4
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Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.;</p> <p>03-04-2025</p> <p>pantoprazole 40 mg tablet,delayed release</p>	4
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Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI;</p> <p>This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or</p>	4
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Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Known or Suspected Infection or abscess; There is laboratory or x-ray evidence of osteomyelitis.	4
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	4
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for 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.	8

Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for Pre-Operative Evaluation;</p> <p>The patient does not have new or changing neurologic signs or symptoms.;</p> <p>The patient has had back pain for over 4 weeks.;</p> <p>The patient has seen the doctor more then once for these symptoms.;</p> <p>The physician has directed conservative treatment for the past 6 weeks.;</p> <p>The patient has completed 6 weeks of physical therapy?;</p> <p>Surgery is scheduled within the next 4 weeks.;</p> <p>Yes, the last Lumbar spine MRI was performed within the past two weeks.</p>	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			4

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Something other than listed has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	128
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	84

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	44
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Chiropractic care has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Ice and/or heat has been used for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	32
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	44

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Abnormal reflexes; This procedure is NOT being ordered for acute or chronic back pain	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has New symptoms of paresthesia evaluated by a neurologist; This procedure is NOT being ordered for acute or chronic back pain	4

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via BBl.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	12
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
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Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	8

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Anesthesiology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Persistent pain best describes the reason for this procedure; The pain is best described as other not listed	4

Anesthesiology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.</p>	4
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Anesthesiology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient has failed;conservative treatment (include</p>	4
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Anesthesiology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	8
Anesthesiology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	4
Anesthesiology	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; It is unknown if there is a suspected infection of the hip.	4

Anesthesiology	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There NOT a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	4
Anesthesiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for 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.	4

Anesthesiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Anesthesiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4
Anesthesiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	4
Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4

Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
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Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary		4

Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	8

Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4

Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4

Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	4

Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	12
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4

Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	12
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	4

Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	24
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	4

Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	8

Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	4
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4

Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4
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Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; It is not known when surgery is scheduled.	4

Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary		4

Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Pre operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	28

Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	68
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4

Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	8
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	8

Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	20
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	4

Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year	4
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Anesthesiology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	4
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Anesthesiology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4
Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Anesthesiology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	4

Anesthesiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4
Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT Vascular Surgery, Neurological Surgery or Surgery	4
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material			4

Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	8
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	8
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	24

Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	12
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4

Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	4
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4

Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; It is not known whether there is physical evidence of re-bleed or re-stenosis.; It is not known whether there is physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	4
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Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; There is no physical evidence of re-bleed or re-stenosis.; There is no physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	4
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Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; The patient does have an elevated D-dimer blood test.	4
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Cardiac Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4

Cardiac Surgery	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	8
Cardiac Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Cardiac Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4
Cardiac Surgery	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This case was created via BBI.; This Heart MRI is being requested for heart failure and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed 6 months ago or less; The patient has not had a previous Cardiac (Heart) MRI.	4

Cardiac Surgery	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for a Heart CT.	4
Cardiac Surgery	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient is Male.; The condition is suspected; No other testing has been done in the last 6 weeks; The Member is 50 years old or older; The patient is experiencing chest pain; This study is requested for coronary artery disease	4
Cardiac Surgery	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	4

Cardiac Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Atherosclerosis is known or suspected; The procedure is planned in 6 months or less	12
Cardiac Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	8

Cardiac Surgery	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; Other cardiac stress testing was completed 6 months or less ago; Changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed	4
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Cardiac Surgery	Approval	78451 Ht Muscle Image Spect Sing		<p>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</p>	20
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Cardiac Surgery	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource</p>	12
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Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	4
Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	4
Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	48

Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	4
Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4

Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	4
Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	4

Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; There is known valvular heart disease.; The patient's valvular heart disease is mild.; Pre-existing murmur best describes the reason for ordering this study.	4
Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	4
Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	4

Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	8
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Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	20
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Cardiac Surgery	Approval	93312 Echo Transesophageal		<p>This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.;</p> <p>The patient is 18 years of age or older.</p>	4
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Cardiac Surgery	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	4
Cardiac Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	8
Cardiac Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	4

Cardiac Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Cardiac Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	8

Cardiac Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	4
Cardiac Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Cardiac Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary		8
Cardiac Surgery	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	4

Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Cardiology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	4
Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT Neurological Surgery	8

Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure	4
Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4
Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
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Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
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Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing			4

Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via BBI.; This procedure is being requested for evaluation for vascular disease; Asymptomatic with abnormal ultrasound showing severe stenosis (70% or more) best describes the clinical indication for requesting this procedure	4
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT Vascular Surgery, Neurological Surgery or Surgery	12

Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent stroke or TIA (transient ischemic attack) best describes the clinical indication for requesting this procedure	4
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Symptomatic with abnormal ultrasound showing moderate stenosis (50% or more) best describes the clinical indication for requesting this procedure	20
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure	4

Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	8
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
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Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
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Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Cardiology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	4

Cardiology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.	4
Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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).	4

Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	4
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	8
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	12

Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease	4
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		It is unknown if they had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4

Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		Surgery is scheduled within the next 30 days.; The patient is having an operation on the chest or lungs.; This is a request for a Chest CT.; This study is being ordered for a pre-operative evaluation.; The study is being ordered for none of the above.	4
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Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4
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Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of mediastinal widening.; This is a request for a Chest CT.; This study is being ordered for vascular disease other than cardiac.	4
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		They did not have a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4

Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; The Interstitial Lung Disease is known	4
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	4
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	4
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	4
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for known tumor.	4

Cardiology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for suspected pulmonary Embolus.	4
Cardiology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	4

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
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Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member does NOT have a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
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Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	16
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Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Cardiology; The patient is scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination; The patient has NOT had an Abdomen CTA, Chest CTA and or Pelvis CTA in the last 6 months	16
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Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for an Abdomen CTA and Chest CTA ordered in combination; The ordering MDs specialty is Cardiology; The patient is scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks; The patient has NOT had an Abdomen CTA and or Chest CTA in the last 6 months	4
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Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
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Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; It is unknown if this imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA	4
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Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA	4
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Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	12
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	40

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has not been 6 months or more since the patient's last Chest CTA.	4
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; No previous Chest CTA has been performed	8

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a suspected Thoracic Aortic Aneurysm (TAA).</p> <p>; Yes, this is a request for a Chest CT Angiography.; The patient does have symptoms of abrupt onset of severe sharp or stabbing pain in the chest, back or abdomen OR has asymmetric blood pressure readings between limbs.</p>	4
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Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a suspected Thoracic Aortic Aneurysm (TAA).</p> <p>; Yes, this is a request for a Chest CT Angiography.; The patient does NOT have symptoms of abrupt onset of severe sharp or stabbing pain in the chest, back or abdomen OR has asymmetric blood pressure readings between limbs.</p>	12
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Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is unknown if this is for PreOp, Post Op or CTA/MRA follow up.; Yes, this is a request for a Chest CT Angiography.	8

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a follow up to a previous CTA or MRA.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	4
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Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a follow up to a previous CTA or MRA.; 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.	4
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Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; It is not known whether there is physical evidence of re-bleed or re-stenosis.; It is not known whether there is physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	4
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Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for 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.	4
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Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	4
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score. ; The patient does NOT have an elevated D-dimer blood test.	4

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probability score.	56
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; It is unknown if the patient has an elevated D-dimer blood test.	8

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; The patient does have an elevated D-dimer blood test.	8
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; The patient does NOT have an elevated D-dimer blood test.	4

Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	8
Cardiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4

Cardiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	4
Cardiology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	4

Cardiology	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Cardiology	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the upper extremity.	4

Cardiology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; 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 Medicare member.	4
Cardiology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are being ordered for known or suspected aneurysms and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; This is a Medicare member.	4

Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	16
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Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Cardiology; The patient is scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination; The patient has NOT had an Abdomen CTA, Chest CTA and or Pelvis CTA in the last 6 months	16
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	40

Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
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Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA	4
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Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for an Abdomen CTA and Chest CTA ordered in combination; The ordering MDs specialty is Cardiology; The patient is scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks; The patient has NOT had an Abdomen CTA and or Chest CTA in the last 6 months	4
Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	28

Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.</p>	4
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Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is known or suspicion of an abdominal aortic aneurysm.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Cardiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Adrenal cancer is suspected.	4
Cardiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Pre-procedure evaluation best describes the reason for this procedure.; The patient will have a procedure that is not listed.	4

Cardiology	Approval	74712 Magnetic Resonance (Eg, Proton) Imaging, Fetal, Including Placental And Maternal Pelvic Imaging When Performed; Single Or First Gestation		This a request for a Fetal MRI.; An ultrasound of the mother been completed.; Congenital anomalies of the spine has been identified or remains uncertain after an ultrasound.	4
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		It is unknown why this Heart MRI is being requested	4
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This case was created via RadMD.; Agree; This Heart MRI is being requested for Congenital Heart Disease (CHD); The ordering provider's specialty is Cardiology	8
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This case was created via RadMD.; Agree; This Heart MRI is being requested for evaluation for aneurysm; Follow up after initial diagnosis of aneurysm	4

Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This case was created via RadMD.; Agree; This Heart MRI is being requested for heart failure and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed 6 months ago or less; The patient has not had a previous Cardiac (Heart) MRI.	32
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This case was created via RadMD.; Agree; This Heart MRI is being requested for valvular heart disease; The ordering provider's specialty is NOT Pediatrics, Hematologist/Oncologist, Cardiac Surgery or Thoracic Surgery; The TTE was performed 6 months ago or less; The results were inconclusive	4

Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This Heart MRI is being requested for heart failure and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed more than 6 months ago; The patient had a previous Cardiac (Heart) MRI.	4
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This Heart MRI is being requested for Other	8

Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This is NOT a Medicare member.; This Heart MRI is being requested for heart failure and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed more than 6 months ago; The ordering provider's specialty is NOT Pediatrics, Hematologist/Oncologist, Cardiac Surgery or Thoracic Surgery; The patient has not had a previous Cardiac (Heart) MRI.	8
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This is NOT a Medicare member.; This Heart MRI is being requested for valvular heart disease; The ordering provider's specialty is NOT Pediatrics, Hematologist/Oncologist, Cardiac Surgery or Thoracic Surgery; The TTE was performed more than 6 months ago	8

Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	8
Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for a Heart CT.	64

Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image			20

Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		; 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 requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>; This is a request for CTA Coronary Arteries.;</p> <p>The patient has not had other testing done to evaluate new or changing symptoms.;</p> <p>The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.;</p> <p>There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;</p> <p>There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.;</p> <p>The member has known or suspected coronary artery disease.</p>	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.</p>	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>29 Y M with known hx HTN is here for evaluation of worsening left sided chest pain worse with exertion and relieved at rest. Family hx CAD;;Review of Systems ;;;</p> <p>;Comprehensive 12 point review of systems is negative other than pertinent positives ; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms</p>	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		52 Y M with known hx dyslipidemia is here for evaluation of intermittent DOE and angina pectoris; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is 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	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>Abnormal exercise stress echo : at peak exercise level there is suboptimal augmentation of the distal;anteroseptal wall but this is;biased by foreshortened apex and possibly presence of PVCs. Although patient reached 88% of maximal predicted;heart rate;</p> <p>This is a request for CTA Coronary Arteries.;</p> <p>The patient has had a stress echocardiogram;</p> <p>The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.;</p> <p>The study is requested for suspected coronary artery disease.;</p> <p>The member has known or suspected coronary</p>	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>Acute myeloblastic leukemia, in remission; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is 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</p>	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		Angina pectoris, unspecified; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is 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	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		CAD; Hypertension; Hyperlipidemia.;Diastolic (congestive) Heart Failure; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>Chest pain, palpitations, She complains of heart flutters and chest pressure. She reports pressure is retrosternal in location and radiates down both arms.; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.</p>	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>Chest pain. History of CAC that was 75th to 90th percentile.</p> <p>Elevated right hemidiaphragm.; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.</p>	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>Chest pain/anginal equiv, intermediate CAD risk, treadmill candidate; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary</p>	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		CTA Coronary Arteries needed to rule out obstructive CAD. Patient unable to walk on a treadmill due to chronic joint issues.; 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.	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>Dyspnea on exertion; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.</p>	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>echocardiogram done - normal;treadmill stress test done - was abnormal. pls see results attached; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested</p>	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		EnLIST OF PROBLEMS;;1.Angina pectoris manifested as left precordial chest pain associated with dyspnea. 7/12/24 MPI: Negative. Chest heaviness/pain.;2.Chronic congestive heart failure with preserved EF (HFpEF). Ejection Fraction: 64% 06/20/2024 2D ECH; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		Had abnormal stress test in November 2023, echo on 4/10/2025, still experiencing chest pain. ;;Patient needing Coronary CTA to rule out obstructive CAD.; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		Lexiscan stress test was equivocal - No significant reversible defect on perfusion imaging however had ST depression with stress possibly suggestive of ischemia. Will get coronary CTA. Echocardiogram did not reveal any significant wall motion abnormalit; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>MPI was abnormal; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.</p>	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>Mr. Rogers is a 58 year old Black/African American female with a past medical history of CHF, CAD, AFIB s/p ablation (06/29/2020), aortic aneurysm, marfan's syndrome, lupus, COPD, OSA, osteoarthritis, who is here today for a follow up. Previous pt of Dr. ; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is 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</p>	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>Ms. Fields is a very pleasant 39yr old lady with significant history for h/o opioid abuse anxiety and depression, followed by Dr. McBay, referred for palpitations. She reports paroxysmal substernal chest discomfort, pressure in character, lasting for seve; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest</p>	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image	na./.; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is 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	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		nuclear scan was abnormal;EKG NSR. Non-diagnostic. ; Mostly fixed defect of the apex with some reversibility of the apical ; anterior and apical inferior segments. ; LVEF 58%; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>Patient had negative stress echo however now reports increased chest pain and dyspnea. Concern that SE was false negative in light of patients ongoing symptoms: elevated calcium score, abnormal EKG (possible anterior infarct, non-specific ST-segment abno; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The</p>	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>Patient had recent Lung Cancer Screening CT which showed "evidence of coronary artery and aortic valve disease. She is having dyspnea on exertion that is progressively worsening. Coronary CTA needed to rule out obstructive CAD.; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary</p>	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		Rule out underlying ischemia. Two-dimensional echocardiographic Doppler study to assess left ventricular thickness, systolic and diastolic function, heart valves, pericardial sac, diameter of aortic root, atrial size, calculation of pulmonary artery press; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>The patient, Cynthia Lea Brown, has five known risk factors from the list;;Type 2 Diabetes: She has a diagnosis of type 2 diabetes.;Age over 55: Cynthia is currently 57 years old.;History of High Blood Pressure (Hypertension): She has a history of hy; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or</p>	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; No other testing has been done in the last 6 weeks; The condition is suspected; This study is requested for congestive heart failure	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The condition is known; This study is requested for congestive heart failure	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The condition is known; This study is requested for coronary artery disease	8
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The condition is suspected; This study is requested for valve disorders	8

Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>This is a request for CTA Coronary Arteries.;</p> <p>The patient has not had other testing done to evaluate new or changing symptoms.;</p> <p>The patient has 2 cardiac risk factors;</p> <p>The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.;</p> <p>There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;</p> <p>The study is requested for suspected coronary artery disease.;</p> <p>The member has known or suspected coronary artery disease.</p>	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>This is a request for CTA Coronary Arteries.;</p> <p>The patient has not had other testing done to evaluate new or changing symptoms.;</p> <p>The patient has 2 cardiac risk factors;</p> <p>The study is requested for congestive heart failure.;</p> <p>There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;</p> <p>The study is requested for suspected coronary artery disease.;</p> <p>The member has known or suspected coronary artery disease.</p>	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.</p>	48
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	112
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient is Female.; The condition is suspected; No other testing has been done in the last 6 weeks; The member is under 60 years old; This study is requested for coronary artery disease	4

Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>This is a request for CTA Coronary Arteries.;</p> <p>The patient is Male.;</p> <p>The condition is suspected; No other testing has been done in the last 6 weeks; The Member is 50 years old or older; The patient is experiencing chest pain; This study is requested for coronary artery disease</p>	28
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>This is a request for CTA Coronary Arteries.;</p> <p>The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.;</p> <p>It is not known if the member has known or suspected coronary artery disease.</p>	20

Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	8
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for congestive heart failure.; It is not known if the member has known or suspected coronary artery disease.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	12

Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	8
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	132
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested to evaluate a suspected cardiac mass.	8

Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	16
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		<p>tilt table test;echo complete; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or</p>	4
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Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing			4
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Something other than listed is known or suspected; It is unknown when the procedure is planned	4
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; The condition is unknown	4

Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for post-procedural evaluation; Vascular stents were performed; The procedure was more than 6 months ago	4
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Atherosclerosis is known or suspected; The procedure is planned in 6 months or less	8

Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	16
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Toe Brachial Index (TBI); The study was abnormal	12
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	56

Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; It is unknown if the patient had any other studies	4
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; No other study was performed	4
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; The patient had another study not listed	4
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4

Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
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Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; Other cardiac stress testing was completed 6 months or less ago; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed	4
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Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; Changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed	12
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Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed	88
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Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	20
Cardiology	Approval	78451 Ht Muscle Image Spect Sing			28

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.;</p> <p>The patient has 2 cardiac risk factors;</p> <p>The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.;</p> <p>There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;</p> <p>The study is requested for suspected coronary artery disease.;</p> <p>The member has known or</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	8
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	16
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	8
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	16
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	8
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29</p>	12
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	12
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected	8
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>; 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</p>	12
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		52 y.o. Caucasian female is here today for follow up for congestive heart failure/left ventricular diastolic dysfunction, hypertension, hypertensive heart disease, pulmonary hypertension, mitral and tricuspid regurgitation, and hypercholesterolemia. Pati; 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	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Blood pressure (!) 126/92, pulse 90, height 5' 5" (1.651 m), weight 75.3 kg (166 lb). Body mass index is 27.62 kg/m; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		CAD screening, intermediate CAD risk, not treadmill candidate; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>CAD SCREENING,HIGH CAD RISK, NOT TREADMILL CANDIATED, FAMILY HX OF DIABETES, HIGH CHOLESTEROL, FATHER HAD HEART ATTACK. PATIENT REPORTS THE FOLLOWING SYMPTOMS: CHEST PAIN, CHEST PRESSURE/DISCOMFORT, DYSPNEA, NEAR SYNCOPE, 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</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>CAD with dyspnea on exertion and occasional chest tightness with exertion; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		CAD with PCI 19/20yrs ago;chest discomfort midsternal radiates to left jaw and fatigue with exertion, essential hypertension, hx obesity post gastric bypass 1996, bmi 35, dyslipidemia, nicotine dependency; 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	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing	cad, chest pain, dyspnea, bmi: 34, hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is 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	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		CAD; Chest Pain; Shortness of breath; COPD; Difficulty walking related to COPD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.;	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		chest pain and shortness of breath with any exertion, she does have EKG changes of left atrial enlargement and left axis deviation and left ventricular hypertrophy. history of CVA. she cannot walk a treadmill due to the shortness of breath so ordered nucle; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		chest pain on exertion, palpitations (fluttering), leg pain/ Claudication, and cool extremities. dyspnea on exertion; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Chest pain R07.9, Dyspnea R06.00; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.;</p> <p>The patient has 2 cardiac risk factors;</p> <p>The study is requested for congestive heart failure.;; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;</p> <p>The study is requested for suspected coronary artery disease.;; The member has known or suspected coronary</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		chest pain, dyspnea, hypertension, hyperlipidemia, palpitations diabetic, bmi: 37; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Chest pain, dyspnea, hypertension, osteoarthritis: this limits her mobility; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Chest pain, fatigue, shortness of breath, palpitations, leg swelling, dizziness; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		CHEST PAIN, HX CAD WITH STENT; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.;	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		CHEST PAIN, PALPITATIONS, SHORTNESS OF BREATH, JAW PAIN, CAD WITH HX STENT PLACEMENT; 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	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		CHEST PAIN, UNABLE TO WALK ON TREADMILL DUE TO SPINAL CORD INJURY.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Chest pain/anginal equiv, high CAD risk, treadmill candidate;</p> <p>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.;</p> <p>The study is requested for congestive heart failure.;</p> <p>There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;</p> <p>There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.;</p> <p>The member has known or suspected</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Chest pain/anginal equiv, intermediate CAD risk, treadmill candidate; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		CP/SOB, UNABLE TO WALK ON TREADMILL DUE TO LEG PAIN/SWELLING; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Dyspnea ;Abnormal ECG.;-- symptoms concerning for CHF or atypical angina;Hypertension;Hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Elevated Coronary Artery Calcium Score; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Enter a</p> <p>General Appearance: Pleasant, well nourished, well developed, in no acute distress. Obese; Head: Normocephalic, atraumatic.; Eyes: PERRLA, EOMs intact.; Oral Cavity: Mucosa moist, tongue in midline.; Neck/Thyroid: No jugular venous distention. caro; 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 requested for congestive heart failure.; There are new or changing cardiac</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Follow up from ER due to chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.;	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Having more chest pain and SOB the last few months. On home O2. Issues since getting covid. Echo today okay. Symptoms progressive. EKG showed sinus tachycardia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing	<p>he cannot walk any distance at all.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>He comes in today to go over his CTA coronary with FFR. It was severely interrupted with motion artifact although they said he was still and his heart rate was down to low 60s. Also his echocardiogram was denied by his insurance Am. Better I spoke with Dr; 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</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>he does have a bifascicular block on his EKG today. Chest pain, reports he is been having some chest heaviness with worsening shortness of breath on exertion. CKD stage 3 due to type 2 diabetes mellitus. BMI;36.6; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Heart failure, systolic, determine etiology ;Planning for ICD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>her risk factors for CAD including family history. Described chest pain has some typical and atypical features. Most recent ECG without ischemic changes. Discussed testing options: Functional to rule out ischemia versus anatomical to rule out significant ; 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</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		high suspicion for arrhythmia, low grade tachyarrhythmia on recent monitor, DOE, syncope; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		His shortness of breath with exertion is most likely due to morbid obesity and obstructive sleep apnea, but worsening ischemic disease must be ruled out. His shortness of breath with exertion may be an anginal equivalent. Obtain echo and Lexiscan for rout; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing	htn, prior revascularization; 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.;	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>HX CAD W/STENT, CHEST PAIN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.;</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		hypertension, copd, worsening dyspnea with daily living activities with exertion, nicotine dependency, bmi 34, father CAD, mother heart attack, unable to ambulate treadmill due to dyspnea and inability to walk even 100 feet; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>I would recommend we attain an echocardiogram to assess his LV function. Will also obtain a Lexiscan Cardiolite. We will obtain his latest lipids.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		incomplete Treadmill stress test;chest pain; shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Is a 57-year-old male with history of CAD based of the CT calcium score history of hypertension is returning to the clinic for evaluation of chest pain shortness of breath concerning for angina. Obtain echocardiogram. Obtain nuclear stress test to evaluat; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Ischemic Heart Disease s/p Anterior MI - repeat echo and stress test to evaluate for worsening LV function or any additional ischemia.</p> <p>Sudden Cardiac Death Survivor - resuscitation with an Impella device and PTCA stent placement to the LAD;</p> <p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.;</p> <p>The study is requested for congestive heart failure.;</p> <p>There are new or changing cardiac symptoms including</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Ms. Eatherton is a 51-year-old female with morbid obesity, hypertension, hyperlipidemia, type 2 diabetes, and a history of gastric bypass surgery. She returns today for further evaluation of a reported low heart rate. The patient reports episodes of brady; 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</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Notes: Given his ongoing shortness of breath, obtain treadmill Cardiolite for routine ischemic evaluation. His last LHC was several years ago. Obtain treadmill Cardiolite for routine ischemic evaluation.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Obtain Lexiscan Cardiolite as this gentleman has severe swelling of both lower extremities with bandages and ambulates with a walker.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Occasionally gets leg edema worse at the end of the day, better with leg elevation. No nonhealing wounds of the lower extremity.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		old mi 3/13/22, CAD with bypass 2012, chest pain and dyspnea with exertion, alcoholism; 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),	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Patient experiencing dyspnea with mild to moderate levels of exertion and unexplained fatigue. He also has a lengthy smoking history, hypertension, and a family hx of CAD. He has an abnormal ekg. Bilateral edema prevents him from adequately walking a T; 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</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Patient has chest pain and shortness of breath on exertion. He is unable to walk 20 yards without stopping due to shortness of breath so is unable to walk a treadmill. He has a history of hypertension and smoking.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Patient has chest pain, chest tightness with exertion and at rest. History of hypertension, hyperlipidemia, diabetes, smoking, family history of coronary artery disease, COPD. She is unable to walk on a treadmill due to back 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</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Patient has chest pain, fatigue. History of coronary artery disease with stent, hypertension, hyperlipidemia. She is unable to walk on a treadmill due to knee problems.; 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.;</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Patient has chest pain, shortness of breath on exertion, palpitations, dizziness. History of congestive heart failure, atrial fibrillation, valvular heart disease, and diabetes. She is on home oxygen, is a current smoker. She is unable to do a treadmill t; 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</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Patient has hx of cabg due to anomalous left main with complaints of CP. relieved w nitro.;</p> <p>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.;</p> <p>The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.;</p> <p>There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;</p> <p>There is known coronary artery disease, history of heart attack (MI), coronary bypass</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Patient has new chest pain on exertion and at rest. History of recent pulmonary embolism on anticoagulation, grade 1 diastolic dysfunction on echocardiogram. Patient is a current smoker and has hypertension. Due to his recent pulmonary embolism, treadmill; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Patient has worsening chest pain/pressure and new left bundle branch block on EKG.;</p> <p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>The patient has not had other testing done to evaluate new or changing symptoms.;</p> <p>The patient has 1 or less cardiac risk factors;</p> <p>The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.;</p> <p>There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;</p> <p>The study is requested for suspected coronary artery disease.;</p> <p>The</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Patient is a 58-year-old smoker risk factor including hypertension TIA A-fib is here for evaluation of new onset of chest pain and tightness happens 3 times a week lasting for 30 seconds. Given his risk factor, his chest pain is concerning for angina. The; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Patient is a 64 year old female with past medical history of AICD, AFIB, CAD s/p stent, and hypertension who has been referred by for evaluation and treatment of cardiac murmur.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Patient is f/u from hospitalization for cardiomyopathy and CHF. Most recent EF 25%. Reports persistent SOB, significant exercise intolerance, and fatigue. He is unable to work or do household chores so he can not walk a TM. Also ongoing degenerative JO; 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</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Patient recent LHC with interventions, but readmitted for syncopal episode. Last plavix was changed to eliquis.; 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</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>patient reports experiencing chest discomfort for approximately 4-5 years. He describes the pain as migratory, occurring in different areas of his chest, including the center, right side, and left side. The discomfort varies in duration and can occur at r; 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</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Patient reports experiencing chest pains / tightness and pain behind her left upper shoulder during exertion - I.e cleaning the house. Patient also reports chest pains at rest - states it has woken her from sleep. Patient reports experiencing palpitation; 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</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing	possible back surgery. patient having arm pain and shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing	previous mi 2020;chest pain radiating down left arm and sternum;dyspnea with exertion;bmi 38;hyperlipidemia;nonr heumatic mitral valve disorder; 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.;	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Pt called with complaints of chest pain. hx of CAD w/ PCI x3, cannot walk on treadmill due to back and leg pain. on recommended drug therapy.; 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</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		PT HAD HAD TREADMILL TEST, ONLY ABLE TO ACHIEVE 64%; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Pt had hx of CAD with chest pain/SOB not related to exertion but relieved when resting. hx of DM, obesity, with complaints of edema and leg pain and does not feel she can walk treadmill at this time. Echo has been ordered but not schedule at this time. Aw; 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</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		PT IS HAVING CHEST TIGHTNESS AND PRESSURE WITH EXERTION; SYMPTOMS SOUND LIKE VOLUME OVERLOAD. LAST EF WAS 45% NEEDS STRESS TEST TO GIVE A GOOD ASSESSMENT OF ISCHEMIC BURDEN AND ANY WORSENING OF LEFT VENTRICULAR FUNCTION; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Pt is unable to walk on treadmill due to having a metal rod in her left thigh and unstable hip socket.; 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</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Pt recently had CVA; has stage 4 chronic kidney disease and CHF; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Pt recently in hosp for cp. no ischemic work up performed, however, patient is complaining of recurrent CP since D/c.;</p> <p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors;</p> <p>The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.;</p> <p>The study is requested for suspected coronary artery disease.;</p> <p>The member has known or suspected coronary artery disease.;</p> <p>The BMI is 20 to 29</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Reports chest pain/chest pressure; Unable to walk on a treadmill due to COPD and history of CVA.;</p> <p>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.;</p> <p>The study is requested for suspected coronary artery disease.;</p> <p>The member has known or suspected coronary artery disease.;</p> <p>The BMI is 20 to 29</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Risk stratification; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		sick sinus syndrome with 3 episodes of VT on device check accompanied with dizziness; chronic dyspnea, smokes 1 ppd, chronic kidney disease; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>Sinus rhythm. Borderline Q waves in inferior leads. Low voltage in precordial leads. Poor R wave progression V1-V3.BP 132/80; ;Pulse 76; ;Ht 5' 1" (1.549 m); ;Wt 77.6 kg (171 lb); ;BMI 32.31 kg/m;Recommend 2D echocardiogram to assess systolic ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>SPECT top see if he has more ischemia given CP; 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.;</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin;</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>THE PATIENT HAS PVD'S. THE PATIENT IS UNABLE TO WALK ON A TREADMILL DUE TO PERIPHEAL NEUROPATHY.; 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</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>The patient reports having no significant changes in symptoms. He denies any chest pain. Of note, he is scheduled for an upcoming (L) shoulder surgery with orthopedic surgeon, Dr. Pearce, Little Rock, AR.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a 64-year-old male who presents for follow-up. He has a history of coronary disease status post stenting of his LAD and RCA in the past. He has noticed a little more shortness of breath and dyspnea on exertion especially when he is putting up a or; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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.	8
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; It is unknown when the symptoms began or changed	8

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed More than 6 months ago	8
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	28

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is unknown if Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; It is unknown when the symptoms began or changed	16

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed More than 6 months ago	8
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.;</p> <p>It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress;</p> <p>It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin;</p> <p>The patient has None of the above physical limitations;</p> <p>The patient has NOT had a recent</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.;</p> <p>The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin;</p> <p>The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year;</p>	12
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.;</p> <p>The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin;</p> <p>The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year;</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.;</p> <p>The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin;</p> <p>The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study</p>	8
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.;</p> <p>The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.;</p> <p>This case was created via RadMD.;</p> <p>Agree;</p> <p>The ordering MDs specialty is Cardiology;</p> <p>Ambulates using assistive device such as crutches, cane, walker, or wheelchair</p>	20
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.;</p> <p>This is NOT a Medicare member.;</p> <p>The patient has a Body Mass Index (BMI) greater than 40</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.;</p> <p>This is NOT a Medicare member.;</p> <p>The patient has a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.;</p> <p>This is NOT a Medicare member.;</p> <p>This case was created via RadMD.;</p> <p>The patient has a documented ejection fraction of less than or equal to 40%;</p> <p>The last Myocardial Perfusion Imaging procedure was performed greater than 12 months;</p> <p>Agree;</p> <p>The ordering MDs specialty is Cardiology</p>	8
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed;</p> <p>Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study;</p> <p>The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago</p>	28
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; It is unknown when Other cardiac stress testing was completed</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	36
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	144

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>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</p>	88
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>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</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater</p>	28
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>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</p>	32
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater</p>	20
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	20
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is 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.	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	40
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; It is not known if the member has known or suspected coronary artery disease.	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; 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.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	16

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	12
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	8
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	64

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed more than one year ago</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed more than one year ago</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource</p>	16
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed more than one year ago</p>	32
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed more than one year ago</p>	20
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource</p>	40
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource</p>	604
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	16
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Medications were given for this diagnosis</p>	20
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	8
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	8
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>There are 2 exams are being ordered.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	12
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	12
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	28
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		<p>This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	4
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Cardiology	Approval	78451 Ht Muscle Image Spect Sing		unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Approval	78472 Gated Heart Planar Single		<p>This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient had a recent MI.</p>	4
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Cardiology	Approval	78472 Gated Heart Planar Single		<p>This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are documented clinical findings consistent with a valve disease.</p>	4
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Cardiology	Approval	78472 Gated Heart Planar Single		<p>This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are not documented clinical findings consistent with a valve disease.; There are documented clinical findings consistent with hypertension.</p>	4
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Cardiology	Approval	78472 Gated Heart Planar Single		<p>This is a request for a MUGA scan.; This study is being ordered for Known</p> <p>Cardiomyopathy/ Myocarditis.; It is not known if there are EKG findings consistent with cardiomyopathy or myocarditis.; There are no stress echocardiogram findings consistent with cardiomyopathy or myocarditis.; It is not known if there are abnormal lab findings consistent with cardiomyopathy or myocarditis.</p>	4
Cardiology	Approval	78472 Gated Heart Planar Single		<p>This is a request for a MUGA scan.; This study is being ordered for Known</p> <p>Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.</p>	4

Cardiology	Approval	78472 Gated Heart Planar Single		This is a request for a MUGA scan.; This study is being ordered for Suspected Cardiomyopathy/ Myocarditis.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient had a recent MI.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete			128

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities; This study is being ordered for Follow-up to a prior test	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Exercise Treadmill Testing has been completed; Results of the Exercise Stress Test did NOT indicate other cardiac imaging tests were needed; This study is being ordered for Follow-up to a prior test	4

Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic; This study is being ordered for a history of heart valve disease.</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It is unknown how long its been since the last Transthoracic Echocardiogram (TTE) was completed; It is unknown if there are there new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic; This study is being ordered for a history of heart valve disease.</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic; This study is being ordered for a history of heart valve disease.</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; This study is being ordered for Chest pain of suspected cardiac etiology</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed; This study is being ordered for Follow-up to a prior test	16
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The murmur is NOT described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This is a request for the initial evaluation ; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; EKG has been completed; The EKG was considered abnormal; The abnormality was Q Wave changes; This study is being ordered for Follow-up to a prior test	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; EKG has been completed; The EKG was considered abnormal; The abnormality was ST wave changes; This study is being ordered for Follow-up to a prior test	4

Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed failed to confirm chest pain was of cardiac origin; This study is being ordered for Chest pain of suspected cardiac etiology</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; This study is being ordered for Chest pain of suspected cardiac etiology</p>	84
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; This study is being ordered for Chest pain of suspected cardiac etiology ; The client is</p>	8
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Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered as a pre-operative or post operative evaluation.	48
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for an infection of the heart.	4

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for congenital heart disease.; This study is being ordered for none of the above or don't know.	12
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for evaluation of an abnormal heart rhythm.; This study is being ordered for none of the above or don't know.	24

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart.; This study is being ordered for none of the above or don't know.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	60

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	40
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are NO new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	4

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	24
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	20

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.	12
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is Cardiology	4

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.	16
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	4

Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.</p>	8
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	16
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	128

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	68
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.	88

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	52
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a 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.	116

Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	12
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	4

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	16

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 10 - 11 months since the last echocardiogram.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	16

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	716

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	252

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	16

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	376
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	20

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	660

Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>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.</p>	8
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>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.</p>	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	24

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	176

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	28
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	360

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	72
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	8
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood</p>	16
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of</p>	12
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	52
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</p>	12
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	56
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.;</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac</p>	8
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or</p>	8
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	44
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	8

Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of Pericardial Disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a pericardial disease.</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of Pericardial Disease.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a pericardial disease.</p>	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.</p>	8

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	1296
Cardiology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	4

Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; It is unknown when other cardiac stress testing was completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.</p>	20
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.</p>	136
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; It is unknown when the last TTE (Transthoracic Echocardiogram) was completed</p>	16
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was 3 months ago or less</p>	40
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Cardiology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms is unknown; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	12
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Cardiology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms was more than 6 months ago.;; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.</p>	28
Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; There is known valvular heart disease.; The patient's valvular heart disease is mild.; Pre-existing murmur best describes the reason for ordering this study.</p>	12

Cardiology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; There is known valvular heart disease.; The severity of the patient's valvular heart disease is unknown.; Pre-existing murmur best describes the reason for ordering this study.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	20

Cardiology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; New onset murmur best describes the reason for ordering this study.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Other cardiac stress testing was completed more than 6 weeks ago; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	4

Cardiology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.;</p> <p>The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	16
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Cardiology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; There is known valvular heart disease.; The last TTE (Transthoracic Echocardiogram) was more than 6 months ago; The patient's valvular heart disease is moderate to severe.; Pre-existing murmur best describes the reason for ordering this study.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	164

Cardiology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	856
Cardiology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.	80

Cardiology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Other cardiac stress testing was completed more than 6 weeks ago; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	56
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Cardiology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	328
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	480
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	216
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.;</p> <p>A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.;</p> <p>The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	24
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Cardiology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; There is known valvular heart disease.; The last TTE (Transthoracic Echocardiogram) was more than 6 months ago; The patient's valvular heart disease is moderate to severe.; Pre-existing murmur best describes the reason for ordering this study.	12
Cardiology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Undergoing chemotherapy best describes the reason for ordering this study	24

Cardiology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	180
Cardiology	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Medications were given for this diagnosis</p>	8
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	8
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	24
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		<p>This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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Cardiology	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
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Cardiology	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	20
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Cardiology	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Cardiology	Approval	93312 Echo Transesophageal			4
Cardiology	Approval	93312 Echo Transesophageal		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; It is unknown why this study is being requested.; The patient is 18 years of age or older.	12

Cardiology	Approval	93312 Echo Transesophageal		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.	40
Cardiology	Approval	93312 Echo Transesophageal		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for diagnosis and management of infective endocarditis.; The patient is 18 years of age or older.	4

Cardiology	Approval	93312 Echo Transesophageal		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	188
Cardiology	Approval	93312 Echo Transesophageal		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.	24

Cardiology	Approval	93312 Echo Transesophageal		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older.	48
Cardiology	Approval	93312 Echo Transesophageal		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	48
Cardiology	Approval	93350 Stress Tte Only			8

Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	28
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	16

Cardiology	Approval	93350 Stress Tte Only		<p>This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient had a Recent surgery, within the last 3 months, involving a lower extremity, such as hip, knee replacement or repair</p>	4
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Cardiology	Approval	93350 Stress Tte Only		<p>This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient is On continuous oxygen therapy</p>	12
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Cardiology	Approval	93350 Stress Tte Only		<p>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.;</p> <p>This is a Medicare member.;</p> <p>This case was created via BBI.;</p> <p>The patient has new or worsening symptoms not medically controlled ;</p> <p>The ordering MDs specialty is Cardiology</p>	8
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Cardiology	Approval	93350 Stress Tte Only		<p>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.;</p> <p>This is a Medicare member.;</p> <p>This case was created via RadMD.;</p> <p>The patient has new or worsening symptoms not medically controlled ;</p> <p>Agree;</p> <p>The ordering MDs specialty is Cardiology</p>	60
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Cardiology	Approval	93350 Stress Tte Only		<p>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.;</p> <p>This is NOT a Medicare member.;</p> <p>The patient has a history of Coronary Artery Bypass Surgery (CABG); It is unknown when the last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed</p>	4
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Cardiology	Approval	93350 Stress Tte Only		<p>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.;</p> <p>This is NOT a Medicare member.;</p> <p>This case was created via RadMD.;</p> <p>The patient has a history of Coronary Artery Bypass Surgery (CABG);</p> <p>Agree;</p> <p>The ordering MDs specialty is Cardiology;</p> <p>The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months</p>	8
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Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	8
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	20
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	4

Cardiology	Approval	93350 Stress Tte Only		<p>This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.;</p> <p>This is a Medicare member.; The member does NOT have a history of cardiac disease; Orthopedic Surgery (non laparoscopic) is being performed; This case was created via RadMD.; Agree</p>	4
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Cardiology	Approval	93350 Stress Tte Only		<p>This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.;</p> <p>This is a Medicare member.; The member has a history of cardiac disease; Cardiac testing has NOT been performed recently;</p> <p>This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology</p>	4
Cardiology	Approval	93350 Stress Tte Only		<p>This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.;</p> <p>This is NOT a Medicare member.</p>	4

Cardiology	Approval	93350 Stress Tte Only		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.	4
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	12

Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	532
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	4
Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	8

Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	4
Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; 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.	4

Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Cardiology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Cardiology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Cardiology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Cardiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	It is unknown why this procedure is being requested	4

Cardiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; Agree; The procedure was more than 6 months ago; This procedure is being requested for post-procedural evaluation; The ordering provider's specialty is NOT Vascular Surgery, Neurological Surgery or Surgery; Carotid stent was performed	4
Cardiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Cardiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Cardiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Cardiology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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Cardiology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	4
Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4

Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for known tumor.	4
Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	8
Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; It is unknown if there is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4

Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary		4

Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member does NOT have a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	8
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Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CTA and Chest CTA ordered in combination; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member does NOT have a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography	4
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Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	8
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Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a follow up to a previous CTA or MRA.; 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.	4
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Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; There is no physical evidence of re-bleed or re-stenosis.; There is no physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	4
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Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score. ; It is unknown if the patient has an elevated D-dimer blood test.	4
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Cardiology	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Cardiology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.	4

Cardiology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for 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	4
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Cardiology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member does NOT have a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	12
Cardiology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	12

Cardiology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; It is unknown if this imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA	4
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Cardiology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CTA and Chest CTA ordered in combination; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member does NOT have a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography	4
Cardiology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	24

Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.	4
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Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is known or suspicion of an abdominal aortic aneurysm.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
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Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is known or suspicion of an abdominal aortic aneurysm.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	4
Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Cardiology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is other	4
Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	This Heart MRI is being requested for Other	8
Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	This is NOT a Medicare member.; This Heart MRI is being requested for heart failure and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed more than 6 months ago; The ordering provider's specialty is NOT Pediatrics, Hematologist/Oncologist, Cardiac Surgery or Thoracic Surgery; The patient has not had a previous Cardiac (Heart) MRI.	4

Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	This is NOT a Medicare member.; This Heart MRI is being requested for valvular heart disease; The ordering provider's specialty is NOT Pediatrics, Hematologist/Oncologist, Cardiac Surgery or Thoracic Surgery; The TTE was performed more than 6 months ago	4
Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	This is a request for a CT scan for evaluation of coronary calcification.	36
Cardiology	Disapproval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for Heart CT Congenital Studies.	8

Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
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Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	; This is a request for CTA Coronary Arteries.; It is not known if other testing has been done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
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Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The 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.	8
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Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	1.Precordial chest pain./Shortness of breath./Abnormal EKG. 7/28/23 Treadmill Stress: Negative. Precordial chest pain.;2.Palpitations. 12/2/2022 72-hour Holter monitor: Palpitations secondary to sinus tachycardia, Burden 13.6%, Rare PACs and PVCs. ;; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal	4
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Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	Angina ;ER follow up; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is 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	4
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Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	chest pain, nonspecific ;suspected CAD ;Family Hx of Premature Cardiopulmonary Death and Premature Ischemic Heart Disease; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or	4
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Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	Chest pain; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
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Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	clinical uploaded; 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.	4
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Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	ECG abnormal, high CAD risk, Sinus bradycardia, Mixed hyperlipidemia, Mobitz type 1 second degree AV block, Benign hypertension; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI),	4
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Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	Echocardiogram on 3/17/2025 shows moderately increased ascending aortic diameter at 4.4 cm.;Repeating CTA to reassess.; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
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Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	<p>left sided chest pain not associated with activity; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has</p>	4
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Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	na; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is 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	4
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Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	ok; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.;	4
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Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	<p>Patient had two recent ER visits for syncopal episode w/ associated substernal chest pain. Had negative stress test in February 2025, had recent cardiac monitor, ekg. Need Coronary CTA to assist with diagnosis and treatment.; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is</p>	4
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Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; A Cardiac Cath was done in the last 6 weeks; The condition is suspected; This study is requested for congestive heart failure	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; No other testing has been done in the last 6 weeks; The condition is suspected; This study is requested for congestive heart failure	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The condition is known; This study is requested for coronary artery disease	4

Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
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Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	16

Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	4

Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	40
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested to evaluate a suspected cardiac mass.	12
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologi st, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologi st, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Cardiology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had Segmental Pressures; The study was abnormal	4

Cardiology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; No other study was performed	20
Cardiology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed	4

Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed	4
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Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	24
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary		12

Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.;</p> <p>The patient has 2 cardiac risk factors;</p> <p>The study is requested for congestive heart failure.;</p> <p>There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;</p> <p>The study is requested for suspected coronary artery disease.;</p> <p>The member has known or suspected coronary artery disease.</p>	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	8
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	16
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is 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	12
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>1. Chest pain, not typical for angina, but a moderate pretest probability for CAD.;2. Near-syncope with diaphoresis, possible vasovagal episode.;3. History of negative heart cath, lost to follow-up in the 90s.;4. Exertional dyspnea, complicated by ; 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</p>	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	5 years since cabg followup due to A1c being high; 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	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Abnormal calcium score, hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Abnormal pharmacologic vasodilator regadenoson stress myocardial;perfusion study;;1. Large size, severe intensity partially reversible perfusion defect;involving the mid to apical anterior wall, consistent with prior;transmural infarction with peri-i; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is not requested for pre op evaluation, cardiac mass, CHF,	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Atrial fibrillation-she is taking Xarelto and metoprolol.; ;Low blood pressure-she tells me her blood pressure has dropped in the 90s systolic with taking Farxiga and with 1 episode, when she was at the mall, she had to sit down due to dizziness. I hav; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Blood pressure (!) 144/90, pulse 75, height 5' 5" (1.651 m), weight 92.5 kg (204 lb), not currently breastfeeding.BMI 33.95; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Blood pressure (!) 146/96, pulse 90, height 5' 8" (1.727 m), weight 90.7 kg (200 lb).; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	blurry vision, numbness sensation in the face, arm & legs, episodes of dizziness, occasional chest pains, palpitations, informed by her PCP that she has a couple blockages; 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	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	CAD cath in 2023 showed nonocclusive disease to his RCA at 30%; chest pain and shortness of breath with exertion; smoked 1ppd, hypertension, sleep apnea uses CPAP; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI),	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Cerebral Infarction Due To Embolism Of Unspecified Precerebral Artery;Chronic Diastolic (congestive) Heart Failure;Dissection Of Thoracic Aorta, s/p stent;Additionally, he is having of worsening shortness of breath and dyspnea on exertion;His thoracic; 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	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	chest pain, bmi: 30, tobacco abuse, family hx of cad, hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	chest pain, dyspnea, copd, ;smokes 1-2 ppd, bmi: 33; 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	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	chest pain, nicotine dependence, family hx of cad, 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	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Chest pain, Palpitations, Dyspnea;-- symptoms concerning for angina, heart failure, or arrhythmia;-- unable to exercise ;-- will calculate risk for atherosclerosis ;-- evaluate for arrhythmias ;-- evaluate for cardiomyopathy ;-- schedule stress SPEC; 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	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Chest pain/anginal equiv, intermediate CAD risk, not treadmill candidate; 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	8
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Chest pain/anginal equiv, intermediate CAD risk, treadmill candidate; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	CHEST PAIN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	diabetic, smoker, bmi: 38, substernal chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unkn ; ;Patient has lung nodule with follow-up imaging as needed.;unable to walk on treadmill to COPD and SOB; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>exertional dyspnea; ekg shows nsr with sinus arrhythmia and nonspecific st and t wave changes; bmi 25;;</p> <p>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.;</p> <p>The patient has 2 cardiac risk factors;</p> <p>The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.;</p> <p>There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;</p> <p>The study is requested for suspected coronary</p>	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Her LDL was 178.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	History of Present Illness ;;; ;Mr Martin is a pleasant 63 y/M new patient self referral r/t HTN. Over the past months, he has tried amlodipine which was ineffective, HCTZ caused rapid heart rate. he is currently only taking lisinopril once daily. ;; 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	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	hypertension, chest discomfort not relieved with rest, palpitations, ekg normal sinus with non specific st and t wave changes, bmi 37; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	hypertension, severe shortness of breath and chest pain with exertion, sleep apnea, bmi 39; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Immediate family history of CABG, chest pain radiating to arm, palpitations, shortness of breath, edema; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Mr. Henderson is a 62-year-old gentleman with hypertension, hyperlipidemia, type 2 diabetes with stage 3 CKD, CAD per elevated coronary calcium score (66.7), carotid artery disease status post left CEA (10/2021), and previous tobacco use. He returns today; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Ms. Baber is a 63-year-old woman clinic today as a self-referral to establish cardiovascular care. She has followed several cardiologist over the past 10 years. Most recently she was following with Dr. Huber at Arkansas Heart Hospital. She has a remote; 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	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	N/A; 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 requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	N/A; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>Patient experiencing chest pain to neck upon agitation. Lasted several minutes and resolved slowly. Patient's resting hr has increased and his ekg is abnormal. Patient has leg weakness of unknown etiology and was not able to meet 85% max on last treadm; 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</p>	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Patient has been in Emergency Room 2 times over last couple months has some exertional dyspnea, sinus tachycardia, symptoms of decreased exercise and unintended weight loss the patient reports and increase was in urinary frequency. History of COPD; 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	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>patient has complaints of exertional SOB. Previous request for CTA coronaries was denied.;He has hx of htn, hld, dm. all being treated with medications.;Echo was also ordered, but has not been completed at the time of this request.; 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</p>	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Patient is having palpitations with SVT on monitor, Has Chronic diastolic heart failure, mitral valvular prolapse chest pain with dizziness and syncope; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	pt c/o chest discomfort, symptomatic palpitations, SOB, lightheadedness both at rest & with exertion. Smoker. Family hx. hx of a-fib & wide complex arrhythmia with recent hospitalization near syncopal episode with a-fib & wide complex tachy; 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	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Pt is unable to walk on treadmill due to joint discomfort. The patient reports intermittent chest discomfort; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Pt reports exertional palpitations, describes as racing, lasting seconds, resolves with rest. He has progressive shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	RULE OUT CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	strong family hx of early onset CAD, normal sinus rhythm on EKG, atypical chest pain, SOB, elevated BP 140/100; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin;	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>The patient returns to my office for a follow-up. The patient was last seen in June of 2024. At that point, she had been complaining of some shortness of breath and had an echocardiogram ordered.</p> <p>Unfortunately, the patient did not get the echocardiogram d; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or</p>	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>This is a pleasant 52-year-old male patient without significant past medical history who is here to establish follow-up. He reports that since now he has been having some episodes of chest pain, has been getting more frequent, now 3-4 times a week. Episod; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed More than 6 months ago	4

Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study</p>	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.;</p> <p>The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin;</p> <p>The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; The</p>	12
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.;</p> <p>The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin;</p> <p>The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year;</p>	12
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.;</p> <p>The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin;</p> <p>The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year;</p>	12
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is 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	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater</p>	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	24
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; It is not known if the member has known or suspected coronary artery disease.	8

Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	28
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	4

Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	32
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.	4

Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	8
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	20
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	8
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Medications were given for this diagnosis</p>	8
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	8
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began</p>	8
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>There are 2 exams are being ordered.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>There are 2 exams are being ordered.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	24
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; 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	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 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	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	UNKNOWN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 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	4
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Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Unstable Angina; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is 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	4
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Cardiology	Disapproval	78472 Gated Heart Planar Single	Radiology Services Denied Not Medically Necessary	This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The last MUGA scan was performed more than 3 months ago.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient had a previous MUGA scan.; The patient is not presenting any new cardiac signs or symptoms.	4
Cardiology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary		32

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was not listed; This study is being ordered for Follow-up to a prior test	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities; This study is being ordered for Follow-up to a prior test	4

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.</p>	4
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It is unknown how long its been since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	4
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; This study is being ordered for Chest pain of suspected cardiac etiology	8
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed; This study is being ordered for Follow-up to a prior test	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Stress Echocardiography has been completed; This study is being ordered for Follow-up to a prior test	4

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	28
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are NO new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	4

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	24
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	4

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	20
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.	4

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	4
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	4

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	12
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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.	4

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	36
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	24

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	8

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	144
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	4

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	8
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	20

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	12

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	28

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	32
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood	12
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of	4
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart	4
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	12
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular</p>	8
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</p>	56
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	12
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac</p>	8
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart	4
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	4

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	16
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Other cardiac stress testing was completed 6 weeks or less ago; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	4

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	8
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	8
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was 3 months ago or less	20
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms was more than 6 months ago.;; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	8
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; There is known valvular heart disease.; The patient's valvular heart disease is mild.; Pre-existing murmur best describes the reason for ordering this study.	8
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; There is no known valvular heart disease.; Pre-existing murmur best describes the reason for ordering this study.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	12

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	4
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	8
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	32
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	4
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	12
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	8
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Medications were given for this diagnosis</p>	4
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Medications were given for this diagnosis</p>	20
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	8
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>There are 2 exams are being ordered.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began</p>	8
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	8
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>There are 2 exams are being ordered.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	32
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	12
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Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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Cardiology	Disapproval	93312 Echo Transesophageal	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	8
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Cardiology	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	; This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; It is not known if the patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	4
Cardiology	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	24

Cardiology	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has None of the above	12
Cardiology	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	12

Cardiology	Disapproval	93350 Stress Tte Only	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.	4
Cardiology	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	8

Cardiology	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	24
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Cardiology	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Medications were given for this diagnosis</p>	4
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Cardiology	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>There are 2 exams are being ordered.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via BBI.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4

Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		<p>The study requested is a Lumbar Spine MRI;</p> <p>The patient has acute or chronic back pain.;</p> <p>This study is being requested for an</p> <p>Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine;</p> <p>This is NOT a Medicare member.</p>	4
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Chiropractic Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; It is not known if the patient has been treated with medication.; The patient has completed 4 weeks or more of Chiropractic care.	4
Chiropractic Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	8

Chiropractic Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Chiropractic Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	4
Chiropractic Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4

Chiropractic Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Chiropractic Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	12
Chiropractic Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	8

Chiropractic Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4
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Colon & Rectal Surgery	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
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Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; No prior imaging was conducted; The patient's cancer is known; This is being requested for initial staging.	4
Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requested for initial staging.	4

Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
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Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4

Colon & Rectal Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Other not listed best describes the reason for this procedure	4
Colon & Rectal Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4
Dermatology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	4

Dermatology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4
Doctors and Rehabilitation	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	4

Doctors and Rehabilitation	Approval	72131 Computed tomography, lumbar spine; without contrast material		<p>This is a request for a lumbar spine CT.;</p> <p>Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>It is not known if there is weakness or reflex abnormality.;</p> <p>It is not known if there is x-ray evidence of a lumbar recent fracture.</p>	4
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Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	4
Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	8

Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Doctors and Rehabilitation	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	4

Doctors and Rehabilitation	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4
Doctors and Rehabilitation	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This 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.	4

Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4
Emergency Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	4
Emergency Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"	4

Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	4

Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.	4
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Emergency Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.</p>	8
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Emergency Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	4
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Emergency Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probability score.	4
Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	4
Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; 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.	4

Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; 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.	4
Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4

Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4
Emergency Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4

Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	8
Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4

Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	12
Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has New symptoms of bowel or bladder dysfunction; This procedure is NOT being ordered for acute or chronic back pain	4

Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has New symptoms of paresthesia evaluated by a neurologist; This procedure is NOT being ordered for acute or chronic back pain	4
Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Physical exam findings consistent with myelopathy; This procedure is NOT being ordered for acute or chronic back pain	4

Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Emergency Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is Crohn's disease.; The patient is on medication for this condition; The patient's symptoms are new; The ordering provider's specialty is NOT Gastroenterology.	4

Emergency Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from 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.	4
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	4

Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4
Emergency Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is a Medicare member.	4

Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.</p>	4
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Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.</p>	4
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Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4

Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4
Emergency Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	8
Emergency Medicine	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)		This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	4

Emergency Medicine	Approval	78451 Ht Muscle Image Spect Sing		<p>; 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</p>	4
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Emergency Medicine	Approval	78451 Ht Muscle Image Spect Sing		62 year old female with Immediate family history of heart disease in Father at early age. Cholesterol levels have been increasing over the last 9 years. Recent LDL at 148, unable to do treadmill due to bilateral knee pain (currently in physical therapy fo; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
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Emergency Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	8
Emergency Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	4
Emergency Medicine	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	4

Emergency Medicine	Approval	S8037 Magnetic Resonance Cholangiopancreatography			4
Emergency Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	12
Emergency Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; It is unknown if they had a previous Chest x-ray.; This is a request for a Thorax (Chest) CT.; This study is being ordered for work-up for suspicious mass.	4
Emergency Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	4

Emergency Medicine	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
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Emergency Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	4
Emergency Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	8

Emergency Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Known or Suspected Infection or abscess; There is laboratory or x-ray evidence of osteomyelitis.	4
Emergency Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	12

Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	8
Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4

Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4
Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	12

Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4
Emergency Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4

Emergency Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Emergency Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	8

Emergency Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
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Emergency Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	4

Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	16
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4

Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	8
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	8

Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	12
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Physical exam findings consistent with myelopathy; This procedure is NOT being ordered for acute or chronic back pain	4

Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	12
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	12

Emergency Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Emergency Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.	4

Emergency Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	4
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Emergency Medicine	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; The patient has documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is NOT a history (within the last six months) of significant trauma, dislocation, or injury to the hip. ; The patient does NOT have an abnormal plain film study of the hip other than arthritis. ; It is unknown if the patient has been treated with and failed a course of supervised physical	4
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Emergency Medicine	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
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Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	4
Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	4

Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4
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Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; 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.	4
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Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	4
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Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4
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Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Female.	4
Emergency Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary		4

Emergency Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.;</p> <p>The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin;</p> <p>The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study</p>	4
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Emergency Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	8
Emergency Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are NO new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	4
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	4

Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	4
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected inflammatory disease best describes the reason that I have requested this test.	4
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	4

Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; 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.	12
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has fatigue or malaise	8

Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; It is unknown if the patient has a biopsy proven cancer	4
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	4
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	4
Endocrinology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for known tumor.	4

Endocrinology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Other not listed best describes the reason for this procedure	4
Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; It is not known if this is 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.	4

Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study 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.	4
Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is a Medicare member.	4

Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.	8
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Endocrinology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is 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 study NOT being ordered for a</p>	4
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Endocrinology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for abnormal abdominal lymph nodes.	4
Endocrinology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; The type of suspected cancer is not listed.	4

Endocrinology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; 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.	4
Endocrinology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has fatigue or malaise	4

Endocrinology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for 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.	4
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Endocrinology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by some type of imaging other than an Ultrasound.	4
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Endocrinology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	8
Endocrinology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary		4
Endocrinology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	None of the above best describes the reason for this procedure.	4

Free Standing Surgery Center	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.</p>	4
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Free Standing Surgery Center	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	4
Gastroenterology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	4
Gastroenterology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4

Gastroenterology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient had an audiogram.; The results of the audiogram were abnormal.; It is unknown why this study is being ordered.; The patient has hearing loss.	4
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	4

Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago	4
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Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	4

Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is Crohn's disease.; The patient is on medication for this condition; The patient's symptoms are continuous (ongoing)	4

Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is fistula.	4
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Other not listed best describes the reason for this procedure	4
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; A diagnostic imaging procedure not listed has been previously conducted.; The pain is in the Lower abdomen	4
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; The pain is best described as other not listed	4

Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; The patient has uterine or adnexal mass(es); The patient had a previous CT scan.	4
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Persistent pain best describes the reason for this procedure; The pain is best described as other not listed	4
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; Other imaging has been previously conducted.; The patient's cancer is known; This is being requested for initial staging.	4

Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		<p>This study is being ordered for Inflammatory/ Infectious Disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	4
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Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Medications were given for this diagnosis</p>	4
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Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for	8
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; This is NOT a Medicare member.	4

Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is a Medicare member.	4
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.	4

Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.	4
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.	4

Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	16
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Something other than the spleen, liver or kidney is enlarged.	4

Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; This is NOT a Medicare member.	4
Gastroenterology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago	4
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Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.	4
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Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	8
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Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for 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.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; 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.	4

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; 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.	8
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	16

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.	8
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Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	8
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Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	8
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Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	36
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Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Reason: Infection (system matched response); Diverticulitis; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	12
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); FATTY LIVER; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); GI Bleed; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); NAFLD (nonalcoholic fatty liver disease) - K76.0; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is 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.</p>	4
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Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.</p>	8
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Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	8
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Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; 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.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	8

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	32

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam are unknown.; The patient is Female.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	16

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; The patient is Female.	4
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Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Female.	8
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Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; 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 abnormal.; The patient is Female.</p>	4
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Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	20
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	4

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Male.	12
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Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	12
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	8

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	16

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	16
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT scan and ultrasound have been previously conducted.; Prior imaging was abnormal; Persistent pain best describes the reason for this procedure.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Adrenal cancer is suspected.	4

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	12
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Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	4

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT scan is the only has been previously conducted.; Bile duct stone best describes the reason for this procedure.; Prior imaging showed enlarged bile ducts.	8
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT scan is the only has been previously conducted.; Prior imaging was abnormal; Persistent pain best describes the reason for this procedure.	12
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	8
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI study has been previously conducted.; Persistent pain best describes the reason for this procedure.	4

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	4
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Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An ultrasound has been previously conducted.; Prior imaging was inconclusive; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	4
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Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An ultrasound has been previously conducted.; Prior imaging was inconclusive; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.; The ordering provider's specialty is NOT Surgery, Surgical Oncology, Urology, Hematology/Oncology, Gynecologic Oncology, Obstetrics & Gynecology, OB/Gynecology or Colon & Rectal Surgery.	4
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Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An ultrasound has been previously conducted.; The results of prior imaging are unknown; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is infection based on symptoms.	8
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is not listed.	4

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		No prior imaging has been conducted; Bile duct stone best describes the reason for this procedure.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		No prior imaging was conducted; Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is Diverticulitis.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	4

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for initial staging.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other not listed best describes the reason for this procedure.	20

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Post-procedure evaluation best describes the reason for this procedure.; The patient had surgery.; The surgery or ablation was more than 3 months ago.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient is on medication for this condition; The patient's symptoms are continuous (ongoing); Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is Crohn's disease.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	12

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	8

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	12
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		<p>This study is being ordered for Inflammatory/ Infectious Disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	4
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Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Medications were given for this diagnosis</p>	4
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Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is other	4

Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	12
Gastroenterology	Approval	74263 Computed tomographic (CT) colonography, screening, including image postprocessing		This is a request for CT Colonoscopy for screening purposes only.	8
Gastroenterology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	8

Gastroenterology	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	4
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Gastroenterology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	4
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Gastroenterology	Approval	93307 Tte W/O Doppler Complete		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	4
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Gastroenterology	Approval	93350 Stress Tte Only		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis</p>	4
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Gastroenterology	Approval	S8037 Magnetic Resonance Cholangiopancreatography		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has undergone unsuccessful ERCP and requires further evaluation.	8
Gastroenterology	Approval	S8037 Magnetic Resonance Cholangiopancreatography		This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	8

Gastroenterology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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Gastroenterology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Gastroenterology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is fistula.	4

Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary		4
Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; This is NOT a Medicare member.	4
Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.	4

Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Ulcerative Colitis.	4
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Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; This is NOT a Medicare member.	4
Gastroenterology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	4
Gastroenterology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	8

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for 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.	4
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Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.	8
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Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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.	8

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); nausea, vomiting with normal us, egd, and hida scan; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Pancreatitis, persistent; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); rectal prolapse; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is 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.	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	8

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	32
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	12

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; The patient is Female.	4
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Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Female.	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	8

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	16

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.	4

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A CT scan and ultrasound have been previously conducted.; Prior imaging was abnormal; Persistent pain best describes the reason for this procedure.	4

Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for initial staging.	4
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	An ultrasound is the only has been previously conducted.; Persistent pain best describes the reason for this procedure.	4
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is not listed.	4

Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	4
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Other not listed best describes the reason for this procedure.	8
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Gastroenterology	Disapproval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Radiology Services Denied Not Medically Necessary	This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	4

Gastroenterology	Disapproval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Radiology Services Denied Not Medically Necessary	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.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request	4
Gastroenterology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed	4

Gastroenterology	Disapproval	S8037 Magnetic Resonance Cholangiopancreatography	Radiology Services Denied Not Medically Necessary	This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	4
Gastroenterology	Disapproval	S8037 Magnetic Resonance Cholangiopancreatography	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
General/Family Practice	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		This is a request for a Temporomandibular Joint (TMJ) MRI.; This study is being ordered for evaluation of a locked or frozen jaw.	4
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	52

General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	16
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	28

General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	44
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	32
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	32

General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a history of cancer.; Headache best describes the reason that I have requested this test.	4
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	28

General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is a Medicare member.; Headache best describes the reason that I have requested this test.	4

General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; 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.	16
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	12

General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	4
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General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		<p>This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is suspicion of a bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	24

General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	8
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"	8

General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	4
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.	8
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.	24

General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (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 patient had 2 courses of antibiotic treatment.	4
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General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		<p>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); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.</p>	48
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General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has NOT attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	4
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	12

General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; It is not known if the neck mass has been examined twice at least 30 days apart.	4
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.	4
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	56

General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.	4
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.	4

General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.	12
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	20
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	12
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.	4

General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	8
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Thunderclap headache with negative Brain CT best describes the clinical indication for requesting this procedure	4
General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Vascular abnormalities best describes the clinical indication for requesting this procedure	4
General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure	4

General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	8
General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	16

General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Physical Therapy was completed for this diagnosis</p>	4
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General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Asymptomatic with abnormal ultrasound showing severe stenosis (70% or more) best describes the clinical indication for requesting this procedure	4

General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Symptomatic with abnormal ultrasound showing moderate stenosis (50% or more) best describes the clinical indication for requesting this procedure	20
General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure	8
General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4

General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for a neurological disorder.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Medications were given for this diagnosis</p>	16
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General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Physical Therapy was completed for this diagnosis</p>	4
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General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	4
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	24

General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	8
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	4

General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis</p>	4
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General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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General/Family Practice	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This is a request for a Neck MR Angiography.; The patient has vision changes.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	32
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	28

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	8
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; 'None of the above' describe the headache's character.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	8
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Evaluation of Arnold-Chiari Malformation best describes the reason that I have requested this test.	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	28
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	32

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	264
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	120
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; 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.	92
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; 'None of the above' describes the congenital anomaly	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	8
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Bell's Palsy.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	80

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has fatigue or malaise	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; It is unknown if the patient had a memory assessment for cognitive impairment completed	8

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score was less than 26	12
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General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.;</p> <p>The patient has Memory Loss.; This is a new/initial evaluation;</p> <p>The patient had a memory assessment for cognitive impairment completed; The patient has normal results of B12, TSH and other metabolic labs; The cognitive assessment score was greater than or equal to 26</p>	4
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General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	24
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is NOT a new/initial evaluation	8

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	8
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The 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.	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The 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.	8
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The 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).	12

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The 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.	12
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The 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.	12

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The 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).	80
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	12

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).</p>	16
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General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has NOT been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The 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.	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; It is unknown if the patient has a biopsy proven cancer	12
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	24
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for an aneurysm.; This study is being ordered as a screening for an aneurysm or AVM (arteriovenous malformation).	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	16
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; It is unknown if there has there been a change in seizure pattern or a new seizure.	8
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	40
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began</p>	4
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General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for a neurological disorder.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	4
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General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Medications were given for this diagnosis</p>	4
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General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material			8

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; This is a request for a Thorax (Chest) CT.; This study is being ordered for work-up for suspicious mass.	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	80
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	156
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain 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.	8

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.	24
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		It is unknown if they had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		No, the patient was NOT seen by a specialist because of the traumatic injury.; 'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was noted on evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for chest injury or trauma within the past 2 weeks.	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		No, the patient was NOT seen by a specialist because of the traumatic injury.; 'None of the above' describes the reason for this request.; It is unknown if anything else was noted on evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for chest injury or trauma within the past 2 weeks.	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Abnormal bronchoscopy finding was relevant in the diagnosis or suspicion of vascular disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis 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	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		'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	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.	16

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.	8
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Vascular Disease; The ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery.	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		The patient had a Chest x-ray in the past 2 weeks.; This is a request for a Chest CT.; This study is being ordered for hemoptysis.; The study is being ordered for none of the above.	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	4
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General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4
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General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	8
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General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Thorax (Chest) CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4
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General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4
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General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4
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General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Thorax (Chest) CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4
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General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; This is a request for a Chest CT.; This study is being ordered for follow up trauma.; The study is being ordered for none of the above.	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of mediastinal widening.; This is a request for a Chest CT.; This study is being ordered for follow up trauma.; The study is being ordered for none of the above.	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	16
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		They did not have a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	16

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	80
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient is 49 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 screening of lung cancer.	8

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial Lung Disease is suspected; The chest x-ray was abnormal	8

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; The Interstitial Lung Disease is known	8
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	84
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	32
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	52

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has NOT been completed	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; It is unknown if there is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	12
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	28

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.	8
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient primarily smokes cigarettes.; The pack year (PPY) is NOT documented in the patient's chart.	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient primarily smokes cigarettes.; The patient has smoked 10 to 19 pack years.; The pack year (PPY) is documented in the patient's chart.	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		<p>Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.</p>	4

General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	4
General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	28

General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	4
General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	28

General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is 49 years old or younger.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.	4
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General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the</p>	8
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General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the</p>	16
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General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; It is unknown if the pack year (PPY) is documented in the patient's chart.</p>	4
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General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The pack year (PPY) is NOT documented in the patient's chart.</p>	8
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General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 10 to 19 pack years.; The pack year (PPY) is documented in the patient's chart.</p>	4
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General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.</p>	272
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General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.</p>	484
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General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily vapes.</p>	4
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General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient is 78 years old or older.</p>	8
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General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; It is unknown how many pack years the patient has smoked.; The patient is between 50 and 77 years old.; The pack year (PPY) is</p>	4
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General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the</p>	12
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General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is a Medicare member.;</p> <p>The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.;</p> <p>The patient is between 50 and 77 years old.;</p> <p>The pack year (PPY) is documented in the</p>	8
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General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 10 to 19 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	4
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General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	200
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General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	408
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General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient is between 50 and 77 years old.; The pack year (PPY) is NOT documented in the patient's chart.</p>	4
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General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigars.; The patient is between 50 and 77 years old.	4
General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	4

General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a suspected Thoracic Aortic Aneurysm (TAA).</p> <p>; Yes, this is a request for a Chest CT Angiography.; The patient does NOT have symptoms of abrupt onset of severe sharp or stabbing pain in the chest, back or abdomen OR has asymmetric blood pressure readings between limbs.</p>	8
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General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
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General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score. ; It is unknown if the patient has an elevated D-dimer blood test.	8
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probability score.	60

General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; The patient does have an elevated D-dimer blood test.	4
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; The patient does NOT have an elevated D-dimer blood test.	4

General/Family Practice	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for a 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.	8
General/Family Practice	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	4

General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		<p>The patient does have neurological deficits.;</p> <p>This study is not to be part of a Myelogram.;</p> <p>This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.;</p> <p>The patient is not experiencing sensory abnormalities such as numbness or tingling.;</p> <p>There is a reason why the patient cannot have a Cervical Spine MRI.;</p> <p>The patient is NOT experiencing or presenting symptoms of any of the listed neurological deficits.</p>	4
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General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		<p>The patient does have neurological deficits.;</p> <p>This study is not to be part of a Myelogram.;</p> <p>This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.;</p> <p>There is a reason why the patient cannot have a Cervical Spine MRI.;</p> <p>The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.</p>	4
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General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for trauma or acute injury within 72 hours.; 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.	4
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General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	4
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General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	8

General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	4
General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material		This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.	4
General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material			4
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4

General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.	4

General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		<p>This is a request for a lumbar spine CT.;</p> <p>Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is weakness.;</p> <p>pt has nerve damage per NCV;</p> <p>There is not x-ray evidence of a recent lumbar fracture.</p>	4
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General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		<p>This is a request for a lumbar spine CT.;</p> <p>Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.;</p> <p>The patient has had back pain for over 4 weeks.;</p> <p>The patient has seen the doctor more than once for these symptoms.;</p> <p>The physician has directed conservative treatment for the past 6 weeks.;</p> <p>The patient has not completed 6 weeks of physical therapy?;</p> <p>The patient has been treated with medication.;</p> <p>other medications as listed.;;</p> <p>The patient has not completed 6 weeks or more of Chiropractic care.;</p> <p>The physician has not directed a</p>	4
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General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4

General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; It is not known if there is x-ray evidence of a lumbar recent fracture.	4
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	20
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	12
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	8
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury occur within the past 72 hours.; It is unknown if the patient has a neurological deficit, diagnostic test, abnormal x-ray or radiculopathy.	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is a Medicare member.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; It is unknown if the patient has a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	8

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is a Medicare member.; The patient has Focal upper extremity weakness	8

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	8

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	8
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	12
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	16

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	8
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Focal upper extremity weakness	8

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	8
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	32

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	52
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure.	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		<p>This study is being ordered for Inflammatory/ Infectious Disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Physical Therapy was completed for this diagnosis</p>	4
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General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; It is unknown if there are neurological deficits on physical exam	4

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	4
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General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.</p>	8
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General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI;</p> <p>This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is recent evidence of a thoracic spine fracture.;</p> <p>There is no weakness or reflex abnormality.</p>	4
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General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI;</p> <p>This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is recent evidence of a thoracic spine fracture.;</p> <p>There is weakness.;</p>	4
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General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.	4
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General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI;</p> <p>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.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.</p>	4
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General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</p>	4
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General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	4

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>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.; Continues to experience weakness and numbness in the left leg</p>	4
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General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has 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.	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	4

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have 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.	4

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for 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.	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			12
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6 months	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; It is unknown if this procedure is being ordered for acute or chronic back pain	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	12

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Something other than listed has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6 months	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is General/Family Practice	44
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	180
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	16

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	8
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	8

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	52

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	8
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	44
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is NOT being ordered for acute or chronic back pain	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via BBI.; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	12
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	12
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	16
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Chiropractic care has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Ice and/or heat has been used for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	152
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	88

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient had an Abnormal EMG (Electromyography); This procedure is NOT being ordered for acute or chronic back pain	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Dermatomal sensory changes on physical examination; This procedure is NOT being ordered for acute or chronic back pain	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Focal extremity weakness; This procedure is NOT being ordered for acute or chronic back pain	12

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has New symptoms of paresthesia evaluated by a neurologist; This procedure is NOT being ordered for acute or chronic back pain	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via BBI.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; It is unknown if there are neurological deficits on physical exam	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		<p>This study is being ordered for Inflammatory/ Infectious Disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Home Exercise was done for this diagnosis</p>	4
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General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	4

General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		<p>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.;</p> <p>"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.</p>	4
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General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered because of a suspicious mass/tumor.; "The patient has 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.	8
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	4

General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected vascular disease.; The ordering physician is not a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient.; There is NOT plain film, ultrasound or Doppler evidence of a vascular abnormality.; This is a request for a Pelvis CT.	4
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to organ enlargement.; There is ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.	4

General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		<p>This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.;</p> <p>"The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.";</p> <p>This study is being ordered for initial staging.;</p> <p>This is a request for a Pelvis CT.</p>	4
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General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.	4
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	16

General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	4
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requested for suspected metastasis.	4

General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	4
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General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requested for initial staging.	4
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Hernia best describes the reason for this procedure; The patient's hernia is suspected (occult).; A CT scan and ultrasound have been previously conducted.	4

General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; A biopsy is planned in 6 months or less; The ordering MDs specialty is NOT Urology	8
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General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material		<p>This is a request for an Arm CT Non Joint; There is a history of upper extremity joint or long bone trauma or injury.</p>	4

General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an Arm CT Non Joint; 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.	4
General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	24

General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material		<p>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 MDs specialty is NOT Orthopedics or Rheumatology.</p>	12
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General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material		<p>This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or joint infection.</p>	8
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General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the upper extremity.	4
General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	16

General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	8
General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	4

General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)			4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	20

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The 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.	8

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	8

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	8

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>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 completed 4 weeks or more of Chiropractic care.; The patient received oral analgesics.</p>	4
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General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>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.; ; The patient received oral</p>	4
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General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has not been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.</p>	4
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General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	12
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	36

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; clinical attached; The patient received oral</p>	4
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General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>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.</p>	8
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General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	8
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	28

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; This is NOT a Medicare member.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	72

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	16
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	16
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	8

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient has documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient has an abnormal plain film study of the joint.	4
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General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began</p>	4
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General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Physical Therapy was completed for this diagnosis</p>	4
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General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	8
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General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	12
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General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	12
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		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 Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	4

General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	4
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	4

General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a foot CT.; There is not a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.;</p> <p>There is not a suspected tarsal coalition.;</p> <p>There is a history of new onset of severe pain in the foot within the last 2 weeks.;</p> <p>The patient does not have a documented limitation of their range of motion.;</p> <p>The patient does not have an abnormal plain film study of the foot other than arthritis.;</p> <p>The patient has not used a cane or crutches for greater than 4 weeks;</p> <p>The patient has not been treated with and failed a course of supervised physical</p>	4
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General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a foot CT.; There is not a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.;</p> <p>There is not a suspected tarsal coalition.;</p> <p>There is a history of new onset of severe pain in the foot within the last 2 weeks.;</p> <p>The patient does not have a documented limitation of their range of motion.;</p> <p>The patient does not have an abnormal plain film study of the foot other than arthritis.;</p> <p>The patient has used a cane or crutches for greater than 4 weeks</p>	4
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General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a foot CT.; There is not a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.;</p> <p>There is not a suspected tarsal coalition.;</p> <p>There is a history of new onset of severe pain in the foot within the last 2 weeks.;</p> <p>The patient has a documented limitation of their range of motion.</p>	4
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General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; The patient has documented limited range of motion; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip. ; It is unknown if the patient had an abnormal plain film study of the hip other than arthritis.	4
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General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; It is unknown if there is a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	4
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	4

General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There NOT a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	4
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Leg CT.	4

General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	16

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	8
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.	16
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks.	4

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	8
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; A biopsy has NOT been completed.	4

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for 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.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for 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.	4

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for 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 anti-inflammatory medication for at least 6 weeks.	4

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	60

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	16
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	8

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Wheel chair; The ordering MDs specialty is NOT Orthopedics.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	8

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	8
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	8

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	20
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	124

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Injection into the knee in the past 90 days for treatment and continued pain was noted as an indication for knee imaging	4

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	12
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Prior surgery was noted as an indication for knee imaging; The surgery was NOT done in the past 90 days.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	36

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Wheel chair; The ordering MDs specialty is NOT Orthopedics.	4

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	4

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	8
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	4

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	8
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is a study for a fracture which does not show healing (non-union fracture).; Non Joint is being requested.	4

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	20
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	8
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General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
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General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
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General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	8

General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	20
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	12
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.	4

General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	8
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	8

General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
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General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; This is a Medicare member.	4

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; It is not known if this is a request for follow up to a known tumor or abdominal cancer.; This study being ordered for new symptoms including hematuria, presenting with known cancer or tumor.	4
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; This is a Medicare member.	8

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; This is NOT a Medicare member.	12
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for new symptoms including hematuria, presenting with known cancer or tumor.	4

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.	8
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; This is a Medicare member.	4
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.	28

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; It is unknown if the patient has new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.	4
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General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.	8
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of renal mass.; The suspicion of a renal mass was suggested by a physical exam.	4

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		<p>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.</p>	28
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General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Acute Non-ulcerative Colitis.	4
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.	4

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.	4
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General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		<p>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.</p>	4
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General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		<p>This is a request for an Abdomen CT.; This study is being ordered for another reason besides</p> <p>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 NOT a Medicare member.</p>	8
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General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	36
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The kidney is enlarged.; This is a Medicare member.	4

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; This is a Medicare member.	4
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.	4

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	16

General/Family Practice	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
General/Family Practice	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	8

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Vascular Disease; The ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery.	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Trauma / Injury; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	12
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	8
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	12
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	16
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	8
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.</p>	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; 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.</p>	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient had an amylase lab test.; The results of the lab test were normal.</p>	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.</p>	12
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.</p>	52
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.</p>	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.</p>	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for 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.	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.</p>	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.</p>	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.</p>	16
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; 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.	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	36
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	8
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	80
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not 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.	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not 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.	12
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or</p>	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is follow up trauma.; It is not known if there is laboratory or physical evidence of an intra-abdominal bleed.; It is not known if there is physical or abnormal blood work consistent with peritonitis or abdominal abscess.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.</p>	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	8
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Ulcerative Colitis.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	32
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	84
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	8

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	8

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); changes in her bowel habits. Patient stated that over the past 3 months she barely have any bowel movements. Patient stated that she barely passes any stool and usually her stool is just small amount of liquid and soft bowel movement. She tried over-th; This is study NOT being ordered for a concern of cancer such as for diagnosis or</p>	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Elevated LFTs;Fatty liver; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); referring to GI for ongoing abdominal pain, need results in order to schedule with GI;Previously, in 12/2024, he required placement of a feeding tube due to impaired gastrointestinal motility;this intervention was necessary because his digestive system w;</p> <p>This is study NOT being ordered for a concern</p>	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Ventral hernia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; 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 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.</p>	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; 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.</p>	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is 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.</p>	8
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.</p>	12
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	8
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.;</p> <p>This study is not being requested for abdominal and/or pelvic pain.;</p> <p>The study is not requested for hematuria.;</p> <p>The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.</p>	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.;</p> <p>This study is not being requested for abdominal and/or pelvic pain.;</p> <p>The study is not requested for hematuria.;</p> <p>The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.;</p> <p>This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	72

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	28
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Female.	8

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	36
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Male.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; The patient is Male.</p>	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	100
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam are unknown.; The patient is Female.	12

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	44
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Female.	8
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; The patient is Female.</p>	16
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; 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.; The patient is	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; 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.; The patient is Female.</p>	8
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	84
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam are unknown.; The patient is Male.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	4
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Male.	8
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	20
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.	12

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	8
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	36

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	188
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	16

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT scan and ultrasound have been previously conducted.; Prior imaging was normal; Persistent pain best describes the reason for this procedure.	4

General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	8
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General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	8
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General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was inconclusive; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Adrenal cancer is suspected.	4
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General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was inconclusive; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	8
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	4

General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI study has been previously conducted.; Persistent pain best describes the reason for this procedure.	4

General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An ultrasound has been previously conducted.; Prior imaging was inconclusive; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An ultrasound has been previously conducted.; Prior imaging was normal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	4

General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An ultrasound is the only has been previously conducted.; Bile duct stone best describes the reason for this procedure.; Prior imaging showed enlarged bile ducts.	8
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An ultrasound is the only has been previously conducted.; Persistent pain best describes the reason for this procedure.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is not listed.	12

General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		It is unknown if previous diagnostic imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other not listed best describes the reason for this procedure.	16
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	12

General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor.	4

General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	8

General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	8
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8

General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is other	16

General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	20
General/Family Practice	Approval	74263 Computed tomographic (CT) colonography, screening, including image postprocessing		This is a request for CT Colonoscopy for screening purposes only.	4
General/Family Practice	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		This is a request for a CT scan for evaluation of coronary calcification.	16
General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via BBI.; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	8

General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	24
General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was normal	12
General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; The patient has dense breast tissue.; The patient has a BI-RADS score of 3.; This study is being ordered as a screening examination.	4

General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This is being requested for initial staging.; The mammogram results were abnormal.; This study is being ordered for a history known of breast cancer.	4
General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; It is unknown if there is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	4

General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered for known or suspected breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	4
General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	4
General/Family Practice	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)			4

General/Family Practice	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)		This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	64
General/Family Practice	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)		This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This patient does not have a clinical risk of osteoporosis or osteopenia.; The patient is post-menopausal or estrogen deficient.	4

General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		<p>; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; A study not listed has be completed.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.</p>	4
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General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		<p>Dyspnea on exertion; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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</p>	4
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General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		EKG shows sinus tachycardia with what appears to be left bundle branch block. I cannot completely rule out an anterior myocardial infarction as I have no previous EKG to review. She currently is asymptomatic completely when it comes to chest pain. Her ; 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	4
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General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		new onset chest pain with dyspnea on exertion; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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	4
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General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4
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General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		<p>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</p>	8
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General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	4
General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	4
General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	4

General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource</p>	4
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General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	20
General/Family Practice	Approval	78813 Positron emission tomography (PET) imaging; whole body		The patient does NOT have a current or past history of diagnosed cancer.	4

General/Family Practice	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
General/Family Practice	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient does NOT have a current or past history of diagnosed cancer.	20

General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Breast cancer.	8

General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	8
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lymphoma or Myeloma.	4

General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		<p>This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.;</p> <p>Cancer is the primary reason for this study.;</p> <p>This is the first PET Scan on this patient for this cancer.;</p> <p>This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose);</p> <p>The patient has Lung cancer.</p>	8
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; It is unknown if the murmur is described as grade 3/6 or greater; There are NO clinical symptoms supporting a suspicion of structural heart disease; This is a request for the initial evaluation ; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.</p>	4
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic; This study is being ordered for a history of heart valve disease.</p>	4
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.</p>	4
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; This study is being ordered for Chest pain of suspected cardiac etiology</p>	4
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed failed to confirm chest pain was of cardiac origin; This study is being ordered for Chest pain of suspected cardiac etiology</p>	4
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress</p>	12
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a pre-operative or post operative evaluation.</p>	4
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for evaluation of an abnormal heart rhythm.; This study is being ordered for none of the above or don't know.</p>	4
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.	12

General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.	4

General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.</p>	4
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	24
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	24

General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.	8

General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a 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.	8

General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	8
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	4

General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	24
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	72

General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	12

General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	48
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	8

General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	16
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	20

General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	76
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	24

General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	4
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this request is for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart</p>	4
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood</p>	4
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	8
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or</p>	4
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular</p>	4
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</p>	4
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension</p>	4
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	12
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.;</p>	12
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	16
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	108

General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.</p>	4
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	4
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms is unknown; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	8
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; There is known valvular heart disease.; The patient's valvular heart disease is mild.; Pre-existing murmur best describes the reason for ordering this study.	4

General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; There is no known valvular heart disease.; Pre-existing murmur best describes the reason for ordering this study.	8
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	4

General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.;</p> <p>A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	4
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	12
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	28
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.	20

General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	24
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	68
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	12
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.;</p> <p>A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	8
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	28
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Medications were given for this diagnosis</p>	4
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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General/Family Practice	Approval	93307 Tte W/O Doppler Complete		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	4
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General/Family Practice	Approval	93350 Stress Tte Only		<p>The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.</p>	4
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General/Family Practice	Approval	93350 Stress Tte Only		<p>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.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an</p>	4
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General/Family Practice	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	8
General/Family Practice	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	36

General/Family Practice	Approval	93350 Stress Tte Only		<p>This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.</p>	8
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General/Family Practice	Approval	93350 Stress Tte Only		<p>This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.</p>	48
General/Family Practice	Approval	93350 Stress Tte Only		<p>This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation.</p>	8

General/Family Practice	Approval	S8037 Magnetic Resonance Cholangiopancreatography		<p>This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; It is not known if MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; "The patient is not an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that ERCP is unsafe or</p>	4
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General/Family Practice	Approval	S8037 Magnetic Resonance Cholangiopancreatography		<p>This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; It is not known if MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; "The patient is an infant or young child, or is an adult who is debilitated or uncooperative in such a manner that ERCP is unsafe or cannot be</p>	4
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General/Family Practice	Approval	S8037 Magnetic Resonance Cholangiopancreatography		<p>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.</p>	4
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General/Family Practice	Approval	S8037 Magnetic Resonance Cholangiopancreatography		<p>This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will not be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; "The patient is not an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that ERCP is unsafe or cannot be</p>	4
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General/Family Practice	Approval	S8037 Magnetic Resonance Cholangiopancreatography		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	8
General/Family Practice	Approval	S8037 Magnetic Resonance Cholangiopancreatography		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

General/Family Practice	Approval	S8037 Magnetic Resonance Cholangiopancreatography		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary		8
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	116

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	16
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' describes the headache's character.; Headache best describes the reason that I have requested this test.	4

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	100
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	52
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; It is unknown if there are documented neurologic findings suggesting a primary brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.	4

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	8
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; 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.	24
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
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General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if there is a suspicion of bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4

General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	4
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	4
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.	4

General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; 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 patient had 1 course of antibiotic treatment.	4
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General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); It is unknown if the patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	4
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General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has NOT attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	4
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	8

General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.	8
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary		4
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.	4

General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.	4
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	28
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.	4

General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	12
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	12
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.	20

General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
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General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed	4

General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure	4
General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed	4

General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	4
General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary		4

General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4
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General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
General/Family Practice	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary		4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary		8

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	8
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	4

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; It is unknown why this study is being ordered.; 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.	4

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Evaluation of Optic Neuritis best describes the reason that I have requested this test.	4

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This 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.	8
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This 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).	16
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	96

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	32
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; 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.	32

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	20
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has fatigue or malaise	4

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; It is unknown if the patient had a memory assessment for cognitive impairment completed	16
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General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score was less than 26	4
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General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is NOT a new/initial evaluation	8

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.; The patient had a Brain MRI in the last 12 months	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	4

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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).	8

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	4

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This 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.; It is unknown if there has been a recent assessment of the patient's visual acuity.; This study is being ordered for an aneurysm.; This study is being ordered for neurological deficits.	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	12

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for an aneurysm.; This study is being ordered as a screening for an aneurysm or AVM (arteriovenous malformation).	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This 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 NOT being ordered as a 12 month annual follow up.; This is a routine follow up.	4

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This 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.	8
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This 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.	4

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
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General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
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General/Family Practice	Disapproval	70554 Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Radiology Services Denied Not Medically Necessary	; Yes, this is a Functional MRI Brain.	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary		8
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	36
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.	8

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; An abnormal lab finding 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).	4

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain 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.	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if the patient was seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; 'None of the above' were noted on evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for chest injury or trauma within the past 2 weeks.	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if they had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	8

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is NOT presenting with symptoms suspicious of lung cancer.; I would you like to proceed with this Chest CT.	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.	8

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	12
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General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Trauma / Injury; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4
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General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	8
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General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4
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General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	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 (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	8
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General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	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 (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Thorax (Chest) CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4
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General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; This is a request for a Chest CT.; This study is being ordered for follow up trauma.; The study is being ordered for none of the above.	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; 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 screening of lung cancer.	4

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.; The patient primarily smokes cigarettes.; It is unknown how many pack years the patient has smoked.; The pack year (PPY) is documented in the patient's chart.	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	28
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	8

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has NOT been completed	12
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	16
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.	4

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This study is being requested for none of the above.	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	4

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	20
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary		4

General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	8
General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	20

General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	8
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General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is 49 years old or younger.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.	4
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General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is 49 years old or younger.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.	8
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General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; It is unknown if the pack year (PPY) is documented in the patient's chart.	4
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General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 0 to 9 pack years.; The pack year (PPY) is documented in the patient's chart.	12
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General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	8
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General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	8
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General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigars.	4
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General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes marijuana.	4
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General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily vapes.	4
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General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient is 78 years old or older.	4
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General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 0 to 9 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the	4
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General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; It is unknown how many pack years the patient has smoked.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the	4
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General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 10 to 19 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	4
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General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	4
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General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	24
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General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient is between 50 and 77 years old.; It is unknown if the pack year (PPY) is documented in the patient's chart.	4
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General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient is between 50 and 77 years old.; The pack year (PPY) is NOT documented in the patient's chart.	4
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General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
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General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	4
General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It is unknown if it has been 6 months or more since the patient's last Chest CTA.	4

General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score. ; It is unknown if the patient has an elevated D-dimer blood test.	4
General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score. ; The patient does NOT have an elevated D-dimer blood test.	4

General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probability score.	4
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General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is NOT experiencing or presenting symptoms of any of the listed neurological deficits.	4
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General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
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General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
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General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
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General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	8

General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	8
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for neurological deficits.; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a reason why the patient cannot have a Cervical Spine MRI.	4
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	8
General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary		4

General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient has a recent fracture or abnormality seen on a previous imaging study	4
General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.	4
General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	4

General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
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General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary		4

General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	8
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	4

General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	8

General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.	4
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General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.	4
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General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.	8
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General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; WEAKNESS REPORTED BY PATIENT. STATES HE CAN BARELY WALK OR STAND. HE'S HAVING TO AMBULATE WITH A CANE.; There is not x-ray evidence of a recent lumbar fracture.	4
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General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
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General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; It is not known if the patient has completed 6 weeks or more of Chiropractic	4
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General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have 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.; cyclobenzaprine 5 mg tablet (FLEXERIL); It is not known if the patient has completed 6 weeks or more of	4
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General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have 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.; Nsaids; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a	4
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General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have 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	4
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General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; lower extremity weakness. forgetfulness; It is not known if there is x-ray evidence of a lumbar recent fracture.	4

General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.	4
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General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Degenerative disc disease and osteophyte formations.; There is not x-ray evidence of a recent lumbar fracture.	4
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General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
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General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	8
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General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
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General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
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General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary		16
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	8

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	24
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	12
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This 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.; It is unknown if the patient has a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	20

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	16
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	16

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	28

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient does not have any of the above listed items; The pain did NOT begin within the past 6 weeks.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; It is not known if the pain began within the past 6 weeks.; This is NOT a Medicare member.	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This 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.	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks; The pain did NOT begin within the past 6 weeks.	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This 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	32

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	12
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	36
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; The patient has None of the above	8

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	16
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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	100
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	12

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	52
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	8

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary		8
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	12

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	8

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	8
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	4

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for 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.	4
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General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	4
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General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	4
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General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; With certain arm movements the pain will shoot from the base of her neck down her spine to about the middle of her back. She will get pain that radiates out to the arms with numbness and tingling at times.	4
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General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4
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General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; abnormal exam neck he has pain with all range of motion that shoots down his left arm. He has weakness of the left arm, decreased sensation in the left hand. He also has tingling to his left axilla and around his left ribs	4
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General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is recent evidence of a thoracic spine fracture.;</p> <p>There is weakness.;</p> <p>Five Views of the thoracic spine were obtained.</p> <p>No fracture or subluxation. No Significant degenerative change. ;</p> <p>IMPRESSION: normal thoracic spine</p>	4
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General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; slowed decreased range of motion of the back	4
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General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	16
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General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	4
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General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	4
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General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or	4
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General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
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General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	4
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General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Having episodes of feelings slow and sluggish, migraine symptoms, fatigue, numbness, HBP, blurry vision, nausea, chest heaviness, numbness, tingling, and pain in extremities. Had 2 seizures in a row about	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary		20

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for Trauma or recent injury	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is General/Family Practice	108
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	320

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	140
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	16
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	28

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	8
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	8
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	52

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	8
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	8

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	12
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	308
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is NOT being ordered for acute or chronic back pain	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Cannot agree/affirm; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Physical Therapy was completed for this diagnosis	4
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General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
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General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
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General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; The surgery being considered is NOT a hip replacement surgery.	4
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General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is NO physical or radiological evidence of a pelvic fracture.; "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.	4
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General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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.	4
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General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary		4

General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was medications.; The pain is musculoskeletal	4
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; The pain is best described as other not listed	4
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Other not listed best describes the reason for this procedure	24
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was medications.; The pain is musculoskeletal	4

General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
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General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Physical Therapy was completed for this diagnosis	4
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General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
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General/Family Practice	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering MDs specialty is NOT Orthopedics or Rheumatology.	16
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General/Family Practice	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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General/Family Practice	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	8
General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	4

General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	8
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General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary		4

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is 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.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.; Surgery or 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.	4

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.; Surgery or 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.	8
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	4

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	20
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General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral	4
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General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home treatment included	4
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General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	20
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General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.; The patient received medication other than	4
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General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	4
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General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received medication other than joint injections(s) or oral analgesics.; Medications: Taking Levothyroxine Sodium	4
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General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	24

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	8

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is 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.	84
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	24

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient 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.; injury happened about a year ago, has not been able	4
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General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	20
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	32

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for 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	4
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General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient has documented weakness or partial loss of feeling in the upper extremity.; It is unknown if there has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.	4

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
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General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
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General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
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General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a foot CT.; There is a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.; It is unknown if there is a suspected tarsal coalition.	4

General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is NOT for pre-operative planning;</p> <p>The patient has documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; There is NOT a suspected infection of the hip. ;</p> <p>There is NOT a suspicion of AVN. ;</p> <p>There is NOT a history (within the last six months) of significant trauma, dislocation, or injury to the hip. ; The</p>	4
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General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is NOT for pre-operative planning; The patient has documented limited range of motion; The patient has used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; There is a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is NOT a history (within the last six months) of significant trauma, dislocation, or injury to the hip. ; The patient had an	4
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General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle CT.; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; The ordering provider's specialty is NOT Surgery; It is unknown if there is a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; It is unknown if the patient has documented limited range of motion; It is unknown if the patient had an abnormal plain film study of the ankle other than arthritis; It is unknown if he patient has used a cane or crutches for greater than 4 weeks; The patient has not failed a	4
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General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
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General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
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General/Family Practice	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary		4

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; This is a request for bilateral foot MRI.; Patient has bilateral foot pain and trouble walking.	8
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered for routine follow up.	4

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with crutches for at least 4 weeks.	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	8

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for tendonitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered 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.	4

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	20
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; None of the listed items showed an abnormality (X-ray, ultrasound, CT, MRI , bone scan); The ordering MDs specialty is NOT Orthopedics.	4

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	20
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Neoprene knee sleeve; The ordering MDs specialty is NOT Orthopedics.	4

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	8
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	4

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	24
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	16

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	24
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	28

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	36
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	4

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	32
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	8

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	8
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
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General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	8
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General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
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General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	16
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General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	8
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General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
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General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary		4
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	4

General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	4
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	20
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injuryis not suspected.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4

General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injuryis not suspected.; There is a suspicion of fracture not adequately determined by x-ray.	4
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	12
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	4

General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	4
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is not for hip pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	4
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is not for hip pain.; The study is not requested for any of the standard indications for Knee MRI	4

General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary		4

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; This is NOT a Medicare member.	8
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; It is not known if this is a request for follow up to a known tumor or abdominal cancer.; This study being ordered for new symptoms including hematuria, presenting with known cancer or tumor.	4

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.	4
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; It is unknown if the patient has new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.	4

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This 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 NOT a Medicare member.	12
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General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.	8
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General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of renal mass.; The suspicion of a renal mass was suggested by a physical exam.	4
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General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are 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.	20
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General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.	8
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This 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	60

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Something other than the spleen, liver or kidney is enlarged.	4
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
General/Family Practice	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	8

General/Family Practice	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
General/Family Practice	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	16
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.	8
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; 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.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	48

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is follow up trauma.; There is not laboratory or physical evidence of an intra-abdominal bleed.; There is not physical or abnormal blood work consistent with peritonitis or abdominal abscess.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); PATIENT IS HAVING RECTAL PAIN HAS HERNIA ISSUES; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); probably infulinoma , rapid drops in blood glucose; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); CROHN'S DISEASE INFLAMMATION; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Elevated LFTs on labs; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); history of liver failure with elevated liver functions; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); LOOSE STOOLS / SWOLLEN; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is not an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	112

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam are unknown.; The patient is Female.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	12

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Female.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; 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.; The patient is Female.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	24
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was performed.; The results of the exam are unknown.; The patient is Male.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Male.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	12

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	12
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	76

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	8
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Female.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; 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.; It is unknown if the patient have an endoscopy.; The patient is Female.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; 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.; The patient is Female.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	52
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam are unknown.; The patient is Male.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	8
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	20

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	8
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; The type of suspected cancer is not listed.	4
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	An ultrasound is the only has been previously conducted.; Persistent pain best describes the reason for this procedure.	4
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	It is unknown if diagnostic imaging has been previously conducted.; Persistent pain best describes the reason for this procedure.	4

General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is on medication for this condition; The patient's symptoms are new; The ordering provider's specialty is NOT Gastroenterology.; Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is Crohn's disease.	4
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for hematuria.	4
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	4
General/Family Practice	Disapproval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Radiology Services Denied Not Medically Necessary	This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.; This patient has not undergone an attempted but incomplete conventional colonoscopy.; This patient does not have a known obstructing colorectal cancer.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request	4
General/Family Practice	Disapproval	74263 Computed tomographic (CT) colonography, screening, including image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Colonoscopy for screening purposes only.	4

General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	This is a request for a CT scan for evaluation of coronary calcification.	32
General/Family Practice	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	Enter answer here - Patient has abnormal ABI and arterial doppler imaging. also has femoral stenosis and has delayed wound healing.; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

General/Family Practice	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	Ms. Jackson is here today to re establish cardiac care. She had a cath in 2019 that showed normal coronary arteries. She had a cath in 2017 that showed mild-moderate CAD. Her 2018 echo showed normal EF with mild MR and mild mitral valve prolapse. She is h; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest	4
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General/Family Practice	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for congestive heart failure.; It is not known if the member has known or suspected coronary artery disease.	4
General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; It is unknown if the patient had any other studies	4
General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed	4

General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	4

General/Family Practice	Disapproval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	4

General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
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General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
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General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 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	4
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General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	I25.10 (ICD-10-CM) - 414.01 (ICD-9-CM) - Atherosclerosis of native coronary artery of native heart without angina pectoris; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest	4
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General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Patient has hyperlipidemia. Last LDL of 148. chest pain and palpitations. DM type 2 (diabetes mellitus, type 2) He has atherosclerotic cardiovascular disease risk factors.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
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General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>She continues to experience chest pain, shortness of breath, and arm discomfort;</p> <p>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.;</p> <p>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.;</p> <p>There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;</p> <p>The study is requested for suspected coronary artery disease.;</p> <p>The</p>	4
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General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>The patient's father passed away from heart problems at the age of 65. The patient's mother also passed away from heart problems at the age of 67. ;The patient has 2 brothers and 1 sister. ; The patient has a family history of heart problems.; ;The hi; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain</p>	4
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General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	4
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General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent	4
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General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	8
General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	8
General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	12

General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for Inflammatory/ Infectious Disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Medications were given for this diagnosis</p>	4
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General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
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General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	4
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General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a PET Scan; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4

General/Family Practice	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has another type of cancer not listed.	4
General/Family Practice	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with an Other Tracer	4
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary		4

General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed; This study is being ordered for Follow-up to a prior test	4
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General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The murmur is NOT described as grade 3/6 or greater; There are NO clinical symptoms supporting a suspicion of structural heart disease; This is a request for the initial evaluation ; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	4
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General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for an infection of the heart.	4
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	8

General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	4
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	4

General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
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General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	4
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	4

General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	8
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	8

General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	4
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4

General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	16
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General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	4
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General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	8
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General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</p>	20
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General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	4
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General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac</p>	4
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General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	4
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	4

General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	12
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
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General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	4
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General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>There are 2 exams are being ordered.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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General/Family Practice	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	4
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General/Family Practice	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Medications were given for this diagnosis</p>	4
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General/Family Practice	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
General/Family Practice	Disapproval	S8037 Magnetic Resonance Cholangiopancreatography	Radiology Services Denied Not Medically Necessary	This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	8

Geriatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	4
Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; 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.	4

Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score was less than 26	4
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Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	4
Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	4

Geriatrics	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
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Geriatrics	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.</p>	4
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Geriatrics	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.</p>	4
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Geriatrics	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	4
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Geriatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Geriatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8
Geriatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	4

Geriatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4
Geriatrics	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.	4

Geriatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4
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Geriatrics	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.</p>	4
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Geriatrics	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or</p>	4
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Geriatrics	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; None of the above apply to this patient	4
Geriatrics	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4

Geriatrics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	4
Geriatrics	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	4

Geriatrics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.	4
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Geriatrics	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
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Gynecologic Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The patient has a biopsy proven cancer	4
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Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	4
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Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	8
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Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	4
Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Gynecologic Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4
Gynecologic Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4
Gynecologic Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above	4

Gynecologic Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	4
Gynecologic Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; No prior imaging was conducted; The patient's cancer is known; This is being requested for initial staging.	4

Gynecologic Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer is known; This is being requested for a condition not listed.	4
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Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	4
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Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	8
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Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	4
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Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.</p>	4
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Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This study being ordered for a concern of cancer such as for diagnosis or treatment.	12
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	4

Gynecologic Oncology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	4
Gynecologic Oncology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; Other imaging has been previously conducted.; The patient's cancer is known; This is being requested for follow-up for active treatment.	4
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	44
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	12
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the patient's tumor.; Known or suspected tumor best describes the reason that I have requested this test.	4

Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	12

Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected infection best describes the reason that I have requested this test.	4

Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected infection best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material			4

Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	76
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	92
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	12
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	72

Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has been diagnosed with cancer.	8
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	4

Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; It is unknown if the lump got smaller.	4
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	12
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.	4
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.	4

Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Hematologist/Oncologist	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metastasis	4
Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	48
Hematologist/Oncologist	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			8

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	28
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	64
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	12

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; The character of the headache is unknown.	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor.	4

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected tumor outside the brain best describes the patient's tumor.	4
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Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	4
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Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	68

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	4
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Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	4
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Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	12
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Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; 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	4
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Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<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 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.</p>	12
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Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	4
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Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.	4
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Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<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.; 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</p>	8
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Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<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.; 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.</p>	4
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Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<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.; 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.</p>	8
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Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing vertigo	4
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Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; 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	8
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Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing vertigo	4
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Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The patient had a normal audiogram.; The patient is experiencing hearing loss.	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	172

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>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 is NOT a</p>	4
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Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; This is a Medicare member.</p>	4
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Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>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.</p>	4
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Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	16
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material			8
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		"Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.	8

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.	24
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		"There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.	56
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.	8

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	12
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Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there is radiologic evidence of mediastinal widening.; It is not known if there is physical or radiologic evidence of a chest wall abnormality.; This is a request for a Chest CT.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; The ordering MDs specialty is NOT Surgery, Pulmonology or Cardiology.	4
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there is radiologic evidence of mediastinal widening.; This is a request for a Chest CT.; This study is being ordered for vascular disease other than cardiac.; The ordering MDs specialty is NOT Surgery, Pulmonology or Cardiology.	4

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there is radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; "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 (for example:black lung disease or silicosis).; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; The ordering MDs specialty is NOT Surgery or Pulmonology.	4
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	188
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	412

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	664
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	52
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	136

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	216
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	28
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	4

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	4
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Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	8
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Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of non-resolving pneumonia.; 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 (for example:black lung disease or silicosis).; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; The ordering MDs specialty is NOT Surgery or Pulmonology.	4
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Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; The ordering MDs specialty is NOT Surgery or Pulmonology.	4
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	40
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	260

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; 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.	16
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for screening of lung cancer.; The patient is 49 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.	16

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		<p>This is a request for a Chest CT.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.</p>	4
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Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient primarily smokes marijuana.	4
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	12
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.	4

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	4

Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	4
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Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.</p>	4
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Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.</p>	4
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Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is a Medicare member.;</p> <p>The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.;</p> <p>The patient is between 50 and 77 years old.;</p> <p>The pack year (PPY) is documented in the</p>	4
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Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	8
Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing			4

Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probability score.	20
Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; The patient does NOT have an elevated D-dimer blood test.	8
Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	32

Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for a known tumor.; The patient is undergoing active treatment for cancer.; This is a request for a chest MRI.	8
Hematologist/Oncologist	Approval	72128 Computed tomography, thoracic spine; without contrast material		This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	4
Hematologist/Oncologist	Approval	72131 Computed tomography, lumbar spine; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Known Tumor with or without metastasis	4
Hematologist/Oncologist	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	4

Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	12
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	28

Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	12
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	8
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	20
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	28

Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	4
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	12

Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	20
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	28
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Something other than listed has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	12
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is NOT being ordered for acute or chronic back pain	4
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8
Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material		The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; 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.	4

Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material		The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.	4
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)			8
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; It is unknown why ths procedure is being ordered	4

Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; An ultrasound is the only has been previously conducted.; The pain is in the Lower abdomen	4
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requested for abnormal pelvic lymph nodes.	4

Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requested for follow-up for active treatment.	8
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is suspected	4

Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; No prior imaging was conducted; The patient's cancer is known; This is being requested for initial staging.	4
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; Other imaging has been previously conducted.; The patient's cancer is known; This is being requested for suspected metastasis.	4

Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Restaging; The ordering provider's specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requested for suspected metastasis.	4

Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for suspected metastasis.	4
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	44
Hematologist/Oncologist	Approval	73200 Computed tomography, upper extremity; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	4
Hematologist/Oncologist	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8
Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	40
Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	16
Hematologist/Oncologist	Approval	73700 Computed tomography, lower extremity; without contrast material		There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is NOT for pre-operative planning;</p> <p>The patient has documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; There is a suspected infection of the hip. ; There is a suspicion of AVN. ; There is NOT a history (within the last six months) of significant trauma, dislocation, or injury to the hip. ; The patient had an</p>	4
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Hematologist/Oncologist	Approval	73700 Computed tomography, lower extremity; without contrast material		This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Leg CT.	4
Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An MRI showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	4
Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	8

Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for 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.	4
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	28
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; 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.	4
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is a Medicare member.	8

Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.	12
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is a Medicare member.	4

Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.	4
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Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.	4
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Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Lymphadenopathy.	4
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; This is a Medicare member.	4
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; This is NOT a Medicare member.	4

Hematologist/Oncologist	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			8
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	16

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	192
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	408

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	656
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	52
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	44

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	204
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	28
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	4

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	4
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Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	8
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Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	4
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Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.</p>	4
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Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; 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.	4

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	28

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	20
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); right inguinal hernia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.;</p> <p>This study is not being requested for abdominal and/or pelvic pain.;</p> <p>The study is not requested for hematuria.;</p> <p>The patient had an abnormal abdominal Ultrasound, CT or MR study.;</p> <p>The patient completed a course of chemotherapy or radiation therapy within the past 90 days.</p>	4
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Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	8

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	16
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	8
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.	8

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	60
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)			4

Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	16
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	4

Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was normal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT scan is the only has been previously conducted.; The results of prior imaging are unknown; Persistent pain best describes the reason for this procedure.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	4

Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An ultrasound has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for initial staging.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An ultrasound has been previously conducted.; Prior imaging was inconclusive; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.; The ordering provider's specialty is Hematologist/Oncologist.	4

Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Adrenal cancer is suspected.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	8
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other not listed best describes the reason for this procedure.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8

Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	12
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	16
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.	4

Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	12
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	8

Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for a condition not listed.	4

Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for Remission/Surveillance .	8
Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This study is being ordered for known or suspected breast lesions.	12
Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	4

Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.	8
Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	4
Hematologist/Oncologist	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)		This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	4

Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	12
Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply		This is a request for an MRI Bone Marrow.	16
Hematologist/Oncologist	Approval	78451 Ht Muscle Image Spect Sing		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 requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Hematologist/Oncologist	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed More than 6 months ago	4
Hematologist/Oncologist	Approval	78472 Gated Heart Planar Single		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.	8

Hematologist/Oncologist	Approval	78472 Gated Heart Planar Single		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.	12
Hematologist/Oncologist	Approval	78472 Gated Heart Planar Single		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.	20
Hematologist/Oncologist	Approval	78472 Gated Heart Planar Single		This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; It is not known if chemotherapy has been initiated or completed.; Chemotherapy is planned.	4

Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body			12
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		The patient has a current or past history of diagnosed cancer.	20
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Breast cancer.	4

Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	8
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lymphoma or Myeloma.	16

Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has another type of cancer not listed.	16

Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Colorectal cancer.	4
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is for a PET Scan with Fluciclovine (18F).	4

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body			24
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		It is unknoww if the patient has a current or past history of diagnosed cancer.	4
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient does NOT have a current or past history of diagnosed cancer.	4
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	172
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Breast cancer.	4

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A sentinel biopsy was NOT performed on the regional lymph nodes; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Melanoma cancer.	8
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Breast cancer.	8

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; Cancer is the primary reason for this study.; 3 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Breast cancer.	4
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Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; Cancer is the primary reason for this study.; 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Breast cancer.	4
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Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; Cancer is the primary reason for this study.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Breast cancer.	4
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Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Breast cancer.	16
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Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Melanoma cancer.	4
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Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Melanoma cancer.	16
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Head/Neck cancer.	4

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	48
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lymphoma or Myeloma.	40

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 3 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Colorectal cancer.	4
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 3 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 3 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lymphoma or Myeloma.	16
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Colorectal cancer.	4

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	16
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Head/Neck cancer.	8

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	24
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lymphoma or Myeloma.	8

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has another type of cancer not listed.	44
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Prostate cancer.	16

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Colorectal cancer.	12
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	44

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lymphoma or Myeloma.	24
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; It is unknown if a sentinel biopsy was performed on the axillary lymph nodes; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Breast cancer.	4

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Dotatate.	20
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete			8
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was Non Specific EKG Changes; This study is being ordered for Follow-up to a prior test	4

Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Hematologist/Oncologist; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	8
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.	4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.	8

Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.	8
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	4

Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	76

Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	12

Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	8
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; It is unknown why this study is being ordered.	20

Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	40
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Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.; This study is being ordered for abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	4
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Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)</p>	4
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Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	8
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Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	12
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Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or</p>	4
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Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; This study is being ordered for cardiac arrhythmias	4

Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	32
Hematologist/Oncologist	Approval	93350 Stress Tte Only		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	4
Hematologist/Oncologist	Approval	S8037 Magnetic Resonance Cholangiopancreatography		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Approval	S8037 Magnetic Resonance Cholangiopancreatography		This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	4
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the patient's tumor.; Known or suspected tumor best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4

Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a history of cancer.; Headache best describes the reason that I have requested this test.	8
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4

Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected inflammatory disease best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	8
Hematologist/Oncologist	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	4
Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	4
Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.	4
Hematologist/Oncologist	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4
Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8
Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	4

Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.	4
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	8

Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	4
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	8

Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	8
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4
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Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	4
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Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago	8
Hematologist/Oncologist	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
Hematologist/Oncologist	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; The patient does NOT have an elevated D-dimer blood test.	4

Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; No prior imaging was conducted; The patient's cancer is known; This is being requested for initial staging.	4
Hematologist/Oncologist	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for follow-up for active treatment.	4

Hematologist/Oncologist	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	4
Hematologist/Oncologist	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.	4

Hematologist/Oncologist	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	4
Hematologist/Oncologist	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	4
Hematologist/Oncologist	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.	4

Hematologist/Oncologist	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; 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	4
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Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	4
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Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	4

Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	8
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4
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Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago	8
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Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4
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Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or	4
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Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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.; Reason: ELSE (system matched response); GI bleed; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is not an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4

Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4
Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	4
Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Other not listed best describes the reason for this procedure.	8
Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for a condition not listed.	4
Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for Remission/Surveillance .	4
Hematologist/Oncologist	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This study is being ordered for known or suspected breast lesions.	4
Hematologist/Oncologist	Disapproval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	Radiology Services Denied Not Medically Necessary	This is a request for an MRI Bone Marrow.	4

Hematologist/Oncologist	Disapproval	78472 Gated Heart Planar Single	Radiology Services Denied Not Medically Necessary	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.	4
Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	The patient has a current or past history of diagnosed cancer.	4
Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4

Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lymphoma or Myeloma.	4
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	The patient does NOT have a current or past history of diagnosed cancer.	8
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4

Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 3 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lymphoma or Myeloma.	4

Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has another type of cancer not listed.	8
Hematologist/Oncologist	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	4
Hematologist/Oncologist	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	4

Hematology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.	4
Hematology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Hematology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Hospital	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource</p>	8
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Hospital	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	4
Hospital	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	4

Industrial Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	4
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Industrial Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Industrial Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	4

Infectious Diseases	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.	4
Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	4

Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding 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).	4
Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Thorax (Chest) CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4

Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
Infectious Diseases	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year	4

Infectious Diseases	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year	4
Infectious Diseases	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	4

Infectious Diseases	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected infection or abscess	4
Infectious Diseases	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	4

Infectious Diseases	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; There is not a history (within the past 6 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 2 weeks.; It is unknown if the patient has a documented limitation of their range of motion.	4
Infectious Diseases	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.	4
Infectious Diseases	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	4

Infectious Diseases	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		<p>This study is being ordered for Inflammatory/ Infectious Disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis</p>	4
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Infectious Diseases	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		<p>This study is being ordered for Inflammatory/ Infectious Disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Other not listed was done for this diagnosis</p>	4
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Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.	4
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Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient 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 study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4

Infectious Diseases	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	4
Infectious Diseases	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Infectious Diseases	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Infectious Diseases	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	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.; 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.	4
Infectious Diseases	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year	4

Infectious Diseases	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	4
Infectious Diseases	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4

Infectious Diseases	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	12

Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	8
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	4

Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	12
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	4

Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	4
Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.	12

Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		<p>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 (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 patient had 0 courses of antibiotic treatment.</p>	4
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Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; 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 patient had 2 courses of antibiotic treatment.	4
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Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	8
Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	8

Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	4
Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4

Internal Medicine	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Vascular abnormalities best describes the clinical indication for requesting this procedure	4
Internal Medicine	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Internal Medicine	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Internal Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Internal Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The patient is NOT demonstrating unilateral muscle wasting/weakness; It is unknown if there are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	8
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	40

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	12
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if 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).; The patient has NOT had a Brain MRI in the last 12 months	4

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; 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.	20
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; Arnold-Chiari Malformation describes the congenital anomaly	4

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	12
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; It is unknown if the patient had a memory assessment for cognitive impairment completed	4

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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).	4

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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).	12
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	8

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	4

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	4
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Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for a neurological disorder.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	4
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Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	8
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	44

Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; This study is being requested for a congenital abnormality; This is a request for a Chest CT.; This study is being requested for none of the above.	4
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.	8

Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	4
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Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago	4
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Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		It is unknown if they had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding 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).	4

Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Initial staging prior to 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	4
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.	4
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4

Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	12
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Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4
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Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	12
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Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	4
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Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There is not a known inflammatory disease.; There is not a known tumor.; There is no known vascular disease.; The patient is NOT having an operation on the chest or lungs.; This is a request for a Chest CT.; This study is being ordered for a pre-operative evaluation.; The study is being ordered for none of the above.	4
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	12
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	12

Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	16
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	8
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.	4

Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	4
Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	12

Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The pack year (PPY) is NOT documented in the patient's chart.</p>	4
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Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.</p>	24
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Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.</p>	96
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Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	20
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Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	72
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Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probability score.	16
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for 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.	4

Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	4

Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		<p>This is a request for a lumbar spine CT.;</p> <p>Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;</p> <p>It is not known if the patient has a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is reflex abnormality.;</p> <p>PATIENT LEFT HIP FLEXION IS 3/5 ABSENT PEDAL PULSES NORMAL VIBRATION TO B FEET, DEMINISHED TOUCH LEFT UPPER LEG AND THIGH;</p> <p>There is not x-ray evidence of a recent lumbar fracture.</p>	4
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Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is NOT demonstrating unilateral muscle wasting/weakness; It is unknown if there are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; It is unknown if the patient has a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	4

Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	4
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	4
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	4

Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	4
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4

Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	8
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Physical Therapy was completed for this diagnosis</p>	4
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Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.</p>	4
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Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Something other than listed has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; The patient has None of the above	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Pre operative evaluation; The ordering MDs specialty is Internal Medicine	4

Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Internal Medicine	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	28
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	12

Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	8

Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Chiropractic care has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Ice and/or heat has been used for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	28
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has New symptoms of bowel or bladder dysfunction; This procedure is NOT being ordered for acute or chronic back pain	4

Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Internal Medicine	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4
Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Internal Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	4
Internal Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	4

Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	4

Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	4
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Internal Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		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 Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	4
Internal Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		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 Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	4

Internal Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	4
Internal Medicine	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	4
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.	4

Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	4
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	8

Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	12
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	4
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4

Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	4
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4

Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	4
Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	4
Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	4

Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; Tendon or ligament injuryis not suspected.; The member has a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.	4
Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; The study is for Aseptic Necrosis	4
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; It is not known if this is a request for follow up to a known tumor or abdominal cancer.; This study being ordered for initial staging of a known tumor other than prostate.	4

Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Diabetic patient with gastroparesis.	4
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Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	4
Internal Medicine	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			4

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	4
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Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago	4
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Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	12
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Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4
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Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	12
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Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	4
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Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; 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.	4
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Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4
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Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for 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.	4
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Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were 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.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	8

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.	4
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Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Crohn's Disease.	4
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Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient 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.	4
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Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient 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 study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is 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 study NOT being ordered for a</p>	4
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Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Female.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	12

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Male.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	16
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	44

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Gastric cancer is suspected.	4

Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	4
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other not listed best describes the reason for this procedure.	4
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	4

Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	4
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	12

Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is other	4
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	4
Internal Medicine	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This is a Medicare member.; This case was created via RadMD.; Agree; This Heart MRI is being requested for pre or post procedural evaluation; Something other than listed was or is being performed; The ordering provider's specialty is NOT Cardiology or Cardiac Surgery	4

Internal Medicine	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	4
Internal Medicine	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	4
Internal Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	4
Internal Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4

Internal Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This is being requested for surveillance.; The patient has dense breast tissue.; This study is being ordered for a history known of breast cancer.	4
Internal Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This is being requested for surveillance.; The patient was diagnosed before age 50.; This study is being ordered for a history known of breast cancer.	4

Internal Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The patient has a lifetime risk score of greater than 20.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; The patient has a family history of breast cancer.; This study is being ordered as a screening examination.	4
Internal Medicine	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	4

Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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	4
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Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	4
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Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.;</p> <p>The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin;</p> <p>The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study</p>	4
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Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.;</p> <p>This is NOT a Medicare member.;</p> <p>The patient has a documented ejection fraction of less than or equal to 40%;</p> <p>The last Myocardial Perfusion Imaging procedure was performed greater than 12 months;</p> <p>The ordering MDs specialty is not Cardiology or Cardiac Surgery</p>	4
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Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed;</p> <p>Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study;</p> <p>The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago</p>	4
Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.</p>	4

Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource</p>	4
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Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began</p>	4
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Internal Medicine	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation		This is a request for a Brain PET scan; This study is being ordered for dementia.; The patient had an Other (not listed) objective memory assessment within the past 12 months; FDG is the tracer being used	4
Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient does NOT have a current or past history of diagnosed cancer.	4
Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	4

Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4
Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lymphoma or Myeloma.	4

Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has another type of cancer not listed.	4
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Internal Medicine	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.</p>	4
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Internal Medicine	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed; This study is being ordered for Follow-up to a prior test</p>	4
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Internal Medicine	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed failed to confirm chest pain was of cardiac origin; This study is being ordered for Chest pain of suspected cardiac etiology</p>	4
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Internal Medicine	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress</p>	4
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Internal Medicine	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a pre-operative or post operative evaluation.</p>	4
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Internal Medicine	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.</p>	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.</p>	4

Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	4

Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	12
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	28

Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	8

Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4

Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	12
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	12

Internal Medicine	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart</p>	4
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Internal Medicine	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	4
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Internal Medicine	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.;</p>	16
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Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	16
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	16

Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	4
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Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.	16

Internal Medicine	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.</p>	8
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Internal Medicine	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	36
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Internal Medicine	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	20
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Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	20
Internal Medicine	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	16

Internal Medicine	Approval	93350 Stress Tte Only		<p>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.;</p> <p>This is a Medicare member.;</p> <p>The patient has new or worsening symptoms not medically controlled ;</p> <p>The ordering MDs specialty is not Cardiology or Cardiac Surgery</p>	4
Internal Medicine	Approval	93350 Stress Tte Only		<p>This is a request for a Stress Echocardiogram.;</p> <p>None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.</p>	4

Internal Medicine	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	4
Internal Medicine	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	4
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	32

Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	12
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	8
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	20

Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected infection best describes the reason that I have requested this test.	4
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.	4

Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); It is unknown if the patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	4
Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; It is unknown if surgery is scheduled in the next 30 days.	4
Internal Medicine	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed	4

Internal Medicine	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Internal Medicine	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Internal Medicine	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	It is unknown why this procedure is being requested	4

Internal Medicine	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary		4
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	8

Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	12
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	4

Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score was less than 26	8
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	4

Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; 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.	8
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	8
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.	4

Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; 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.	4
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Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	4
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	They did not have a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4

Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has NOT been completed	4
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.	8
Internal Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary		4
Internal Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	4

Internal Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; It is unknown if the pack year (PPY) is documented in the patient's chart.	4
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Internal Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 10 to 19 pack years.; The pack year (PPY) is documented in the patient's chart.	4
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Internal Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	8
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Internal Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	4
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Internal Medicine	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; The patient does NOT have an elevated D-dimer blood test.	8
Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury occur within the past 72 hours.; There is new onset radiculitis/radiculopathy.	4

Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This 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.	4

Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This 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	16

Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	8
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; The patient has None of the above	4

Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4

Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	8
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Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; 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.; back pain, joint pain, myalgias, neck pain, tingling, sensory change and weakness	4
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Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for 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.	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary		4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if this procedure is being ordered for acute or chronic back pain	4

Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Internal Medicine	8

Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	12
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	12
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4

Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	8
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	12

Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	32
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
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Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was medications.; The pain is musculoskeletal	4
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	12

Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	4

Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
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Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	4
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4

Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4
Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	4

Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; 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.	8
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Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	4
Internal Medicine	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	4
Internal Medicine	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	12

Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	4
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Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were 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.	4
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Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were 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.	4
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Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has 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.	4

Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); abdominal wall bulge noted on physical exam, suspected umbilical hernia-asymptomatic; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); concern for bowel obstruction, severe constipation; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Follow up on a previous CT scan that showed evidence of a Umbilical hernia containing mesenteric fat only. The hernia sac measures 2.7 cm diameter.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); primary hyperaldosteronism, r/o adrenal nodule; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is 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 study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; 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.; A pelvic exam was NOT performed.; The patient is Female.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	8

Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4

Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4

Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	8

Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4
Internal Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is other	4
Internal Medicine	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	This is a request for a CT scan for evaluation of coronary calcification.	4
Internal Medicine	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The results of the study are unknown	4

Internal Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Atherosclerosis of native coronary artery of native heart without angina pectoris;-CTA chest abdomen and pelvis on December 2024 showed bilateral coronary artery disease;-Will check stress test-below knee amputation, right (; 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	4
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Internal Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.;</p> <p>The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin;</p> <p>The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study</p>	4
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Internal Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.;</p> <p>The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin;</p> <p>The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study</p>	4
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Internal Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4
Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; This study is being ordered for Chest pain of suspected cardiac etiology	4

Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; This study is being ordered for Chest pain of suspected cardiac etiology ; The client is NOT Fidelis NY	4
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Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a pre-operative or post operative evaluation.	4
Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	4

Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	4
Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	4

Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; It is unknown if this is a request for follow up of a known murmur.	4
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Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4
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Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	4
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Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</p>	12
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Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.;	4
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Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	8
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Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Medications were given for this diagnosis</p>	4
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Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Internal Medicine	Disapproval	93312 Echo Transesophageal	Radiology Services Denied Not Medically Necessary		4

Internal Medicine	Disapproval	93312 Echo Transesophageal	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	4
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Internal Medicine	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	<p>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.;</p> <p>This is a Medicare member.;</p> <p>The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%);</p> <p>The ordering MDs specialty is not Cardiology or Cardiac Surgery</p>	4
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Internal Medicine	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months	4
Interventional Radiologists	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4

Interventional Radiologists	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	8
Interventional Radiologists	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Initial staging prior to 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	4
Interventional Radiologists	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; Pre or post embolization describes the patient's uterine condition.; The ordering provider's specialty is Interventional Radiology	8

Interventional Radiologists	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4
Interventional Radiologists	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	4
Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	4

Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for initial staging.	4
Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	4
Interventional Radiologists	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Thromboembolism is known or suspected; The procedure is planned in 6 months or less	4

Interventional Radiologists	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Colorectal cancer.	4
Interventional Radiologists	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4

Interventional Radiologists	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	4
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Interventional Radiologists	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has 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	4
Interventional Radiologists	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4

Interventional Radiologists	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	4
Medical Genetics	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; New abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	4

Multi-Specialty (2 or more)	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for follow-up surgery or fracture within the last 6 months.; There has been a supervised trial of conservative management for at least 6 weeks.; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; There is a reason why the patient cannot have a Cervical Spine MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation	4
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Multi-Specialty (2 or more)	Approval	72128 Computed tomography, thoracic spine; without contrast material		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.	4
Multi-Specialty (2 or more)	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	4

Multi-Specialty (2 or more)	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
Multi-Specialty (2 or more)	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
Multi-Specialty (2 or more)	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4

Multi-Specialty (2 or more)	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Multi-Specialty (2 or more)	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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.	4

Multi-Specialty (2 or more)	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4
Nephrology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Nephrology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation for vascular disease; Unknown best describes the clinical indication for requesting this procedure	4

Nephrology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	4
Nephrology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Bell's Palsy.	4

Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	4
Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4

Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4
Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	8

Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
Nephrology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other not listed best describes the reason for this procedure.	8
Nephrology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; The ordering provider's specialty is Nephrology; The patient is being treated for high blood pressure (hypertension)	4

Nephrology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	4
Nephrology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	8
Nephrology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	4

Nephrology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.	4
Nephrology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4
Nephrology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	4

Nephrology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	4
Nephrology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	4
Nephrology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	4

Nephrology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	4
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Nephrology	Disapproval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	8

Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	8

Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is a follow up request for a known hemorrhage/hematoma or vascular abnormality	8
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Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	16
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	8
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	4

Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	4
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	4
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected inflammatory disease best describes the reason that I have requested this test.	4

Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	8
Neurological Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	4
Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Aneurysm screening with 2 or more first degree family members having an aneurysm best describes the clinical indication for requesting this procedure	12

Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for post-procedural evaluation; The ordering provider's specialty is Neurological Surgery	8
Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
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Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	12
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Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
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Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for a neurological disorder.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Physical Therapy was completed for this diagnosis</p>	4
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Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
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Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	12
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	4

Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has 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.	8
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	8

Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is Neurological Surgery; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began more than 1 year ago	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	4

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	16
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	8
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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).	8

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	52
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	16
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; 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.	16

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; Arnold-Chiari Malformation describes the congenital anomaly	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; The patient has Fluid on the brain (hydrocephalus).	4

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	76

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; It is unknown if the patient has completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The patient has a biopsy proven cancer	8
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Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	20
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Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed more than 12 months ago; The patient has a biopsy proven cancer	4
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Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The patient has a biopsy proven cancer	16
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for a new diagnosis of Parkinson's.	4

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	12

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material			4

Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		<p>It is not known if the patient has any neurological deficits.;</p> <p>This study is not to be part of a Myelogram.;</p> <p>This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.;</p> <p>There has been a supervised trial of conservative management for at least 6 weeks.;</p> <p>The patient is experiencing sensory abnormalities such as numbness or tingling.;</p> <p>There is a reason why the patient cannot have a Cervical Spine MRI.</p>	4
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Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		<p>The patient does have neurological deficits.;</p> <p>This study is not to be part of a Myelogram.;</p> <p>This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.;</p> <p>There has been a supervised trial of conservative management for at least 6 weeks.;</p> <p>The patient is experiencing sensory abnormalities such as numbness or tingling.;</p> <p>There is a reason why the patient cannot have a Cervical Spine MRI.;</p> <p>The patient is NOT experiencing or presenting symptoms of any of the listed neurological deficits.</p>	12
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Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		<p>The patient does have neurological deficits.;</p> <p>This study is not to be part of a Myelogram.;</p> <p>This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.;</p> <p>There is a reason why the patient cannot have a Cervical Spine MRI.;</p> <p>The patient is experiencing or presenting symptoms of Lower extremity weakness.</p>	4
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Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		<p>The patient does have neurological deficits.;</p> <p>This study is not to be part of a Myelogram.;</p> <p>This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.;</p> <p>There is a reason why the patient cannot have a Cervical Spine MRI.;</p> <p>The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.</p>	4
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Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for 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.	16
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Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		<p>This study is being ordered for a neurological disorder.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	8
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Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4

Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for a pre-operative evaluation.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has NOT been diagnosed with a tumor, infection or neurological deficit.	4
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for follow-up surgery or fracture within the last 6 months.; There is a reason why the patient cannot have a Cervical Spine MRI.; The ordering MDs specialty is Neurological Surgery	24

Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for neurological deficits.; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a reason why the patient cannot have a Cervical Spine MRI.	4
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	16

Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		<p>This study is being ordered for a neurological disorder.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	8
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Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material			4

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not known if the patient has seen the doctor more than once for these symptoms.	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.	4

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		<p>This is a request for a lumbar spine CT.;</p> <p>Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is weakness.;</p> <p>4/7/25: NCVS/EMG: Chief complaint: Pain, tingling and numbness in left leg down into foot. Most of the pain is in the foot, and when he is standing it feels like his foot is swollen. Started about a year ago and is getting worse. Takes ibuprofen when need; There is not x-ray evidence of a recent lumbar fracture.</p>	4
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Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		<p>This is a request for a lumbar spine CT.;</p> <p>Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is weakness.;</p> <p>Document exam findings says post back surgery;</p> <p>There is not x-ray evidence of a recent lumbar fracture.</p>	4
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Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		<p>This is a request for a lumbar spine CT.;</p> <p>Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is weakness.;</p> <p>Left lower extremity: hip joint (flexion strength of iliopsoas muscle 4/5)</p> <p>Left hip: palpation (No tenderness to palpation of greater trochanter), upper leg (hamstring strength 4/5; quadricep strength 4-/5) and ankle joint (dorsiflexion strength 3/5; plan;</p> <p>There is not x-ray evidence of a recent</p>	4
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Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.	4
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Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		<p>This is a request for a lumbar spine CT.;</p> <p>Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.;</p> <p>The patient has had back pain for over 4 weeks.;</p> <p>The patient has seen the doctor more than once for these symptoms.;</p> <p>The physician has directed conservative treatment for the past 6 weeks.;</p> <p>The patient has completed 6 weeks of physical therapy?</p>	4
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Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		<p>This is a request for a lumbar spine CT.;</p> <p>Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.;</p> <p>The patient has had back pain for over 4 weeks.;</p> <p>The patient has seen the doctor more than once for these symptoms.;</p> <p>The physician has directed conservative treatment for the past 6 weeks.;</p> <p>The patient has not completed 6 weeks of physical therapy?;</p> <p>The patient has been treated with medication.;</p> <p>The patient was treated with an Epidural.</p>	4
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Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		<p>This is a request for a lumbar spine CT.;</p> <p>Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.;</p> <p>The patient has had back pain for over 4 weeks.;</p> <p>The patient has seen the doctor more than once for these symptoms.;</p> <p>The physician has directed conservative treatment for the past 6 weeks.;</p> <p>The patient has not completed 6 weeks of physical therapy?;</p> <p>The patient has been treated with medication.;</p> <p>The patient was treated with oral analgesics.;</p> <p>The patient has not completed 6 weeks or more of Chiropractic care.;</p> <p>The physician</p>	4
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Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The ordering MDs specialty is Neurological Surgery	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Coordination/balance: tandem gait abnormal (unsteady);;Gait (neuro): antalgic, shuffling and other (heel walking abnormal, bilateral slight;;Coordination: tandem gait abnormal (unsteady);;Sensory exam: sensory level loss detected (Patchy decreased r; There is not x-ray evidence of a	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	8

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	8
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Physical Therapy was completed for this diagnosis</p>	4
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Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is Neurological Surgery; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Abnormal Reflexes	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	8
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	8

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a neurological deficit; The pain did NOT begin within the past 6 weeks.; This is a Medicare member.; The patient has Abnormal Reflexes	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	8

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	12
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Focal upper extremity weakness	8
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	8

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	20
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	8

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	28
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	16

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	60
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	8
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Arnold-Chiari Malformation describes the reason for requesting this procedure.	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure.	12
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Pre-operative evaluation describes the reason for requesting this procedure.	12
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is NOT for pre-operative planning; There is a post operative complication	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Trauma / Injury; The ordering MDs specialty is Neurological Surgery; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			4

Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4

Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4

Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	4

Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</p>	8
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Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	4

Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI;</p> <p>This study is being ordered for Neurological deficits;</p> <p>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.</p>	4
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Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for Neurological deficits;</p> <p>The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is recent evidence of a thoracic spine fracture.;</p> <p>There is weakness.;</p> <p>Patient presents clinic today in a wheelchair, she does have some difficulties walking</p>	4
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Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for</p> <p>Neurological deficits;</p> <p>The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is recent evidence of a thoracic spine fracture.;</p> <p>There is weakness.;</p> <p>The patient presents for neurosurgical consultation due to persistent and worsening chronic low back;pain, now with superimposed acute exacerbation over the past several weeks.</p>	4
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Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is NOT for pre-operative planning; There is a post operative complication	4

Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Trauma / Injury; The ordering MDs specialty is Neurological Surgery; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			16

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	68
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	100

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	16
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	24

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	8
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has None of the above; This procedure is NOT being ordered for acute or chronic back pain	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is NOT being ordered for acute or chronic back pain	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	40
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	56
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Focal extremity weakness; This procedure is NOT being ordered for acute or chronic back pain	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Cannot agree/affirm; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is NOT for pre-operative planning; There is a post operative complication	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is NOT for pre-operative planning; There is a post operative complication	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurological Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4

Neurological Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was physical therapy.; Four weeks or more of conservative treatment was completed.; The treatment was completed within the last 6 months.; An Xray has been previously conducted.; The pain is musculoskeletal	4
Neurological Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer is known; This is being requested for Remission/Surveillance .	4

Neurological Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	4
Neurological Surgery	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	4

Neurological Surgery	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)		This is a request for a Bone Density Study.; Unknown if this patient had a bone mineral density study within the past 23 months.; This 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 post-menopausal or estrogen deficient.	4
Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	12

Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	4
Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	4

Neurological Surgery	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Neurological Surgery	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4

Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Neurological Surgery; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks; This study is being ordered for Pre Operative or Post Operative Evaluation	4
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	4

Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	4
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	12

Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The patient has a biopsy proven cancer	4
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Neurological Surgery	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
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Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for 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.	8
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Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>There are 2 exams are being ordered.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	4
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Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4

Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for follow-up surgery or fracture within the last 6 months.; There is a reason why the patient cannot have a Cervical Spine MRI.; The ordering MDs specialty is Neurological Surgery	4
Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary		4
Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.	8

Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 5 or more exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
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Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary		4

Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; ; There is not x-ray evidence of a recent lumbar fracture.	4
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4

Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.	4
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Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; Deep tendon reflexes are decreased in left lower extremity, there is mild weakness diffusely in the left lower extremity, patient also has abnormal gait, a antalgic type gait; There is not x-ray evidence of a recent lumbar fracture.	4
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Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	4
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Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has 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	4
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Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The ordering MDs specialty is Neurological Surgery	8
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Known or Suspected Infection or abscess; There is laboratory or x-ray evidence of osteomyelitis.	4
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.	4

Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.	4
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; 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.	8

Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks.	4
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Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 5 or more exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Neurological Surgery; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks; This study is being ordered for Pre Operative or Post Operative Evaluation	4

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began more than 1 year ago	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; The patient has None of the above	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	8

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	4

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This 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.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	4

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a neurological deficit; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This 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	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This 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	4

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This 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	36

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	8
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	44

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 5 or more exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4

Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; It is unknown if there are neurological deficits on physical exam	4
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	4

Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	4
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4

Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	4
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Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	8
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Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has 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	4
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Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	4

Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 5 or more exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4

Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	48
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	12

Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	16
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	12
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4

Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	16
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	4

Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	16
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; It is unknown if there are neurological deficits on physical exam	4

Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
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Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 5 or more exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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Neurological Surgery	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; The surgery being considered is NOT a hip replacement surgery.	4
Neurological Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Other not listed best describes the reason for this procedure	4

Neurological Surgery	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurological Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4

Neurological Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	24

Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4

Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	8

Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	4
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected inflammatory disease best describes the reason that I have requested this test.	4
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing			4

Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Thunderclap headache with negative Brain CT best describes the clinical indication for requesting this procedure	4
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Vascular abnormalities best describes the clinical indication for requesting this procedure	4
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4

Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	12
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Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for a neurological disorder.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	12
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Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	4
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Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>There are 2 exams are being ordered.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	4
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Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing			4

Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for a neurological disorder.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Medications were given for this diagnosis</p>	12
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Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for a neurological disorder.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	12
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Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	4
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Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>There are 2 exams are being ordered.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	4
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Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	4

Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	4
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	12

Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has 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.	12
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis</p>	4
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Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	4

Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis; The patient is presenting with new symptoms of bowel or bladder dysfunction.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	28

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is NOT demonstrating unilateral muscle wasting/weakness; There are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The patient is NOT demonstrating unilateral muscle wasting/weakness; It is unknown if there are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The patient is NOT demonstrating unilateral muscle wasting/weakness; There are NO abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; This study is being ordered for Pre Operative or Post Operative Evaluation; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	12
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	28
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; The character of the headache is unknown.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; It is unknown why this study is being ordered.; 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.	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; It is unknown if there are documented neurologic findings suggesting a primary brain tumor.	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Evaluation of Optic Neuritis best describes the reason that I have requested this test.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	12

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	244
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	52
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if 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.; The patient has NOT had a Brain MRI in the last 12 months	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; 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.	112
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; 'None of the above' describes the congenital anomaly	20

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; The patient has Big head (Macrocephaly).	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; The patient has Fluid on the brain (hydrocephalus).	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a loss of smell.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	32

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; It is unknown if the patient had a memory assessment for cognitive impairment completed	12
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.;</p> <p>The patient has Memory Loss.; This is a new/initial evaluation;</p> <p>The patient had a memory assessment for cognitive impairment completed; It is unknown if the patient has normal results of B12, TSH and other metabolic labs; The cognitive assessment score was greater than or equal to 26</p>	4
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score is unknown	4
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.;</p> <p>The patient has Memory Loss.; This is a new/initial evaluation;</p> <p>The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score was less than 26</p>	28
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.;</p> <p>The patient has Memory Loss.; This is a new/initial evaluation;</p> <p>The patient had a memory assessment for cognitive impairment completed; The patient does NOT have normal results of B12, TSH and other metabolic labs;</p> <p>The cognitive assessment score was greater than or equal to 26</p>	4
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.;</p> <p>The patient has Memory Loss.; This is a new/initial evaluation;</p> <p>The patient had a memory assessment for cognitive impairment completed; The patient has normal results of B12, TSH and other metabolic labs; The cognitive assessment score was greater than or equal to 26</p>	32
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	20
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is NOT a new/initial evaluation	16

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.; The patient had a Brain MRI in the last 12 months	4
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.; The patient has NOT had a Brain MRI in the last 12 months	4
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; The patient had a Brain MRI in the last 12 months	4
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; The patient has NOT had a Brain MRI in the last 12 months	12
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.	4
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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).	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.	8

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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).	20
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	8

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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 Multiple Sclerosis.; The patient has new symptoms.; The patient had 1-3 episodes in the last 24 months	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	24
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	4
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The patient has a biopsy proven cancer	12
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; The patient is taking Tysabri (Natalizumab).	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.	36
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; This study is NOT being ordered as a 12 month annual follow up.; This is a routine follow up.	8

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for a new diagnosis of Parkinson's.	12
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include dizziness.	8

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include one sided arm or leg weakness.	4
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include something other than worsening Parkinson symptoms, dizziness, vision changes, one sided arm or leg weakness, inability to speak or transient monocular blindness</p>	8
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include worsening Parkinson's symptoms.	16
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	212

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has NOT been a change in seizure pattern or a new seizure.	16
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for a neurological disorder.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Medications were given for this diagnosis</p>	4
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for a neurological disorder.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	36
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	4
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	8
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	8
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for Inflammatory/ Infectious Disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Medications were given for this diagnosis</p>	4
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	4
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began</p>	4
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Medications were given for this diagnosis</p>	4
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Medications were given for this diagnosis</p>	8
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	4
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	71250 Computed tomography, thorax; without contrast material		"There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; This is a request for a Thorax (Chest) CT.; This study is being ordered for work-up for suspicious mass.	4

Neurology	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Thorax (Chest) CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4
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Neurology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	4
Neurology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Neurology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	4

Neurology	Approval	72128 Computed tomography, thoracic spine; without contrast material		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	4
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Neurology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.	4
Neurology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have 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.	4

Neurology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4
Neurology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Neurology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			16

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis; The patient is presenting with new symptoms of bowel or bladder dysfunction.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	28

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is NOT demonstrating unilateral muscle wasting/weakness; There are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is NOT demonstrating unilateral muscle wasting/weakness; There are NO abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; This study is being ordered for Pre Operative or Post Operative Evaluation; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	12

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago	8
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; It is unknown when the primary symptoms began	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	12
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; The patient has None of the above	16
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Abnormal Reflexes	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	12
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for 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.	8
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has Abnormal Reflexes	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	8

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Multiple Sclerosis describes the reason for requesting this procedure.	12
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	20

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		<p>This study is being ordered for a neurological disorder.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	20
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Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	4
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Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	4
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Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began</p>	4
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Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Medications were given for this diagnosis</p>	4
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Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	4
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Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
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Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
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Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago	8
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; It is unknown when the primary symptoms began	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is recent evidence of a thoracic spine fracture.;</p> <p>There is reflex abnormality.;</p> <p>HOFFMAN POSITIVE B/L</p>	4
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Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for</p> <p>Neurological deficits;</p> <p>The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is recent evidence of a thoracic spine fracture.;</p> <p>There is weakness.;</p> <p>: MENTAL STATUS: Cognitive function is normal;</p> <p>CRANIAL NERVES: II--The pupils are equal round and reactive to light.</p> <p>Funduscopy exam is normal. There is no papilledema. III,IV,VI--</p>	4
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Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	20

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	4
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Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	4
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Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began</p>	4
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Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	4
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Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	4
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Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6 months	4

Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Something other than listed has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	12
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	8

Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	8
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	8
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	8

Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4

Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is NOT being ordered for acute or chronic back pain	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	12

Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Focal extremity weakness; This procedure is NOT being ordered for acute or chronic back pain	8

Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
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Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago	4

Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurology	Approval	72159 Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)		This is a request for a spinal canal/contents MR Angiography.	4

Neurology	Approval	72192 Computed tomography, pelvis; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis</p>	4
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Neurology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was physical therapy.; Four weeks or more of conservative treatment was completed.; The treatment was completed within the last 6 months.; An Xray has been previously conducted.; The pain is musculoskeletal	4
Neurology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	4
Neurology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)			4

Neurology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Medications were given for this diagnosis</p>	8
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Neurology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Neurology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	4

Neurology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Neurology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	4
Neurology	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation		This is a request for a Brain PET scan; This study is being ordered for dementia.; The patient had a MoCA (Montreal Cognitive Assessment) within the past 12 months; The assessment score was 22 or less ; The last laboratory evaluation, including thyroid function test and B12 level was 6 months ago or less ; The last Brain MRI was 6 months ago or less ; FDG is the tracer being used	4

Neurology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	4
Neurology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	4

Neurology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4
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Neurology	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</p>	4
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Neurology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	4
Neurology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	4
Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4

Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
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Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
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Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed	4

Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
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Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
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Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
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Neurology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	4
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Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary		12

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is NOT demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis; The patient is presenting with new symptoms of bowel or bladder dysfunction.	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	4

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is 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).	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	44
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	8

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; 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.	28
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; 'None of the above' describes the congenital anomaly	4

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score is unknown	4

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score was less than 26	8
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Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The patient does NOT have normal results of B12, TSH and other metabolic labs; The cognitive assessment score was greater than or equal to 26	4
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Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is NOT a new/initial evaluation	8

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.	4
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Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	4

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	16

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	12
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Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurology	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a congenital abnormality.; This is a request for a chest MRI.; The member is 18 years of age or older.	4

Neurology	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for an MR Angiogram of the chest or thorax	4
Neurology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Neurology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Patient presents with LBP that radiates down posterior bilateral legs. The pain is worse when she is standing/walking and she cannot toe raise.; There is not x-ray evidence of a recent lumbar fracture.	4
Neurology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Known Tumor with or without metastasis	4

Neurology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; It is not known if there is x-ray evidence of a lumbar recent fracture.	4
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Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is NOT demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis; The patient is presenting with new symptoms of bowel or bladder dysfunction.	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is NOT demonstrating unilateral muscle wasting/weakness; It is unknown if there are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began less than 6 months ago	4

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; The patient has None of the above	8

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	8
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a neurological deficit; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.; The patient has Abnormal Reflexes	4

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	4

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	8

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	8
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	8
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Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 5 or more exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
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Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began less than 6 months ago	4
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago	4

Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4

Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Lower extremity weakness and numbness I suspect related to his rhabdomyolysis CPK has returned to normal's no evidence to suggest ongoing myopathic process he does have some dysesthesias whether	4
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Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary		4

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	12
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	4

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	4

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago	4

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	4

Neurology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Neurology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	4
Neurology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Neurology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 5 or more exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
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Neurology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injuryis not suspected.; There is a suspicion of fracture not adequately determined by x-ray.	4
Neurology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4

Neurology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	4
Neurology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4

Neurology	Disapproval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	Radiology Services Denied Not Medically Necessary	This is a request for a Brain PET scan; This study is being ordered for dementia.; The patient had an Other (not listed) objective memory assessment within the past 12 months; FDG is the tracer being used	4
Neurology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; The patient had a MoCA (Montreal Cognitive Assessment) within the past 12 months; The assessment score was 27 to 30; Alzheimer's disease is the primary reason for this study.	4

Neurology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; The patient had an MMSE (Mini Mental Status Evaluation) within the past 12 months; The assessment score was 23 to 26; A laboratory evaluation, including thyroid function test and B12 level has not been completed; Alzheimer's disease is the primary reason for this study.	4
OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			4

OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; 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.	12
OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	4

OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	4
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OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	8
OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4

OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material		<p>This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	4
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OB/Gynecology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.</p>	8
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OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	4
OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is infection based on symptoms.	4

OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Other not listed best describes the reason for this procedure	4
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	4

OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	4
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer status is other	4

OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer status is unknown	12
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; The patient has abnormal uterine bleeding; The patient had a previous Ultrasound.; The ordering provider's specialty is OB/Gynecology.	8
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; Other not listed describes the patient's uterine condition.	4

OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; Pre or post embolization describes the patient's uterine condition.; The ordering provider's specialty is OB/Gynecology.	4
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; The patient has Adenomyosis; The patient had a previous Ultrasound.; The ordering provider's specialty is OB/Gynecology.	4

OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; The patient has Endometriosis.; The patient had a previous Ultrasound.; The ordering provider's specialty is OB/Gynecology.	4
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; The patient has uterine or adnexal mass(es); The patient had a previous Ultrasound.; The ordering provider's specialty is OB/Gynecology.	8

OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		<p>This study is being ordered for Inflammatory/ Infectious Disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Medications were given for this diagnosis</p>	4
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OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	4
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OB/Gynecology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.	4
OB/Gynecology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4

OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	4
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OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4
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OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; 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.	4
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4

OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	4
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OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); ELEVATED TESTOSTERONE 339.0; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam are unknown.; The patient is Female.	4

OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4
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OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; 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.; The patient is Female.</p>	4
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OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.	4
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8

OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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OB/Gynecology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	4
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OB/Gynecology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for Remission/Surveillance .	4
OB/Gynecology	Approval	74712 Magnetic Resonance (Eg, Proton) Imaging, Fetal, Including Placental And Maternal Pelvic Imaging When Performed; Single Or First Gestation		This a request for a Fetal MRI.; An ultrasound of the mother been completed.; Complications of monochorionic twins has been identified or remains uncertain after an ultrasound.	4
OB/Gynecology	Approval	74712 Magnetic Resonance (Eg, Proton) Imaging, Fetal, Including Placental And Maternal Pelvic Imaging When Performed; Single Or First Gestation		This a request for a Fetal MRI.; An ultrasound of the mother been completed.; Congenital or vascular anomalies of the brain or skull has been identified or remains uncertain after an ultrasound.	8

OB/Gynecology	Approval	74712 Magnetic Resonance (Eg, Proton) Imaging, Fetal, Including Placental And Maternal Pelvic Imaging When Performed; Single Or First Gestation		This a request for a Fetal MRI.; It is unknown if an ultrasound of the mother been completed.	4
OB/Gynecology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	4
OB/Gynecology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; The patient had another study not listed	4

OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; The reason for the screening examination is unknown.; This study is being ordered as a screening examination.	4
OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This is being requested for initial staging.; The mammogram results were abnormal.; This study is being ordered for a history known of breast cancer.	4
OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This study is being ordered for known or suspected breast lesions.	4

OB/Gynecology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	4
OB/Gynecology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.	4
OB/Gynecology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	4

OB/Gynecology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	4
OB/Gynecology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
OB/Gynecology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4
OB/Gynecology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	4

OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4
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OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); abnormal lab results; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	4
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OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is 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 study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Female.	4

OB/Gynecology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
OB/Gynecology	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This study is being ordered for known or suspected breast lesions.	4

OB/Gynecology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart.; This study is being ordered for none of the above or don't know.	4
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Obstetrics & Gynecology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	4
Occupational Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4

Occupational Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	4
Occupational Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	4

Occupational Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The patient has a biopsy proven cancer	4
Occupational Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Restaging; The ordering provider's specialty is NOT Hematologist/Oncologist, Radiation Oncology, Oncology, Surgery, Surgical Oncology or Urology	4

Occupational Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	4
Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 4 exams are being ordered.; The ordering MDs specialty is Oncology	4
Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	4

Oncology	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	4
Oncology	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	24
Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There are 4 exams are being ordered.; The ordering MDs specialty is Oncology	4
Oncology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	4

Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	4
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	24
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There are 4 exams are being ordered.; The ordering MDs specialty is Oncology	4

Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago	4

Oncology	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient is 78 years old or older.	4
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Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago	4
Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

Ophthalmology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Ophthalmology	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Ophthalmology	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is a history of serious head or skull, trauma or injury.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4

Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is not a history of serious head or skull, trauma or injury.; There is no suspicion of a neoplasm or metastasis.; This is a preoperative or recent postoperative evaluation.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4
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Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is not a history of serious head or skull, trauma or injury.; There is suspicion of a neoplasm or metastasis.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4
Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is suspicion of a bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	12

Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Ophthalmology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	4
Ophthalmology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Ophthalmology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	4
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	12

Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		<p>This study is being ordered for a neurological disorder.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Medications were given for this diagnosis</p>	4
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Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		<p>This study is being ordered for a neurological disorder.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Other not listed was done for this diagnosis</p>	4
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Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		<p>This study is being ordered for Inflammatory/ Infectious Disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>There are 2 exams are being ordered.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology;</p> <p>The primary symptoms began less than 6 months ago</p>	4
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Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began</p>	4
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Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Medications were given for this diagnosis</p>	4
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Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	4
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Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	8
Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis</p>	4
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Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	8
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	4

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<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 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.</p>	8
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Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; This is a Medicare member.	4
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	4

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	16
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for a neurological disorder.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Other not listed was done for this diagnosis</p>	4
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Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for Inflammatory/ Infectious Disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	4
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Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for Inflammatory/ Infectious Disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>There are 2 exams are being ordered.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology;</p> <p>The primary symptoms began less than 6 months ago</p>	4
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Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began</p>	4
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Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Medications were given for this diagnosis</p>	4
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Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	4
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Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	4
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Ophthalmology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Ophthalmology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.	4
Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>There are 2 exams are being ordered.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>There are 2 exams are being ordered.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	4
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Ophthalmology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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Oral/Maxillofacial	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		This is a request for a Temporomandibular Joint (TMJ) MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; This study is being ordered for evaluation of a dysfunctional temporomandibular joint (TMJ).; The conservative therapy included treatment with a bite block or splint.; The patient failed a course of anti inflammatory medication.	4
Oral/Maxillofacial	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is suspicion of a bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4

Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	4
Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	4

Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; This is a request for a Chest CT.; This study is being ordered for follow up trauma.; The study is being ordered for none of the above.	4

Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; This is a request for a Chest CT.; This study is being ordered for follow up trauma.; The study is being ordered for none of the above.	4
Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	4
Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	12

Orthopedics	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a suspected Thoracic Aortic Aneurysm (TAA).; Yes, this is a request for a Chest CT Angiography.; The patient does have symptoms of abrupt onset of severe sharp or stabbing pain in the chest, back or abdomen OR has asymmetric blood pressure readings between limbs.	4
Orthopedics	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for follow-up to trauma.; There is radiologic evidence of mediastinal widening.; This is a request for a chest MRI.; The ordering physician's specialty is NOT Surgery, Pulmonary Medicine, or Cardiology.	4

Orthopedics	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for 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.	8
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Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	4
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Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for a pre-operative evaluation.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has NOT been diagnosed with a tumor, infection or neurological deficit.	4

Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	4
Orthopedics	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Orthopedics	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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Orthopedics	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.	4
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Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		<p>This is a request for a lumbar spine CT.;</p> <p>Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is weakness.;</p> <p>Lumbar Spine ROM decreased dorsiflexion of the foot may be some weakness the numbness has improved but has some residual weakness in the left leg;</p> <p>There is not x-ray evidence of a recent lumbar fracture.</p>	4
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Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.	4
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Known Tumor with or without metastasis	4

Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; On examination today, he has a diminished left patellar reflex with weakness to left quad extension. He also had hypoesthesia in the left lower extremity and L3 versus L4 dermatome. He has been adherent to a home exercise program from his last surgical pr; There is not x-ray evidence of a recent lumbar fracture.	4
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Pre-Operative Evaluation; It is not known when surgery is scheduled.	4

Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	20
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	8

Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	4
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Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis</p>	4
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Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	4
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Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Post-operative Evaluation	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	8

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	8
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	12

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	16
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient does not have any of the above listed items; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a neurological deficit; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	16
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks; The pain did NOT begin within the past 6 weeks.	8

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	12

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	8
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	60
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	8

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	8
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	48

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Pre-operative evaluation describes the reason for requesting this procedure.	8
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	8
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Trauma / Injury; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	8

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			4

Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	4

Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	4
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The ordering MDs specialty is Orthopedics	4
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	4

Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for</p> <p>Neurological deficits;</p> <p>The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is recent evidence of a thoracic spine fracture.;</p> <p>There is reflex abnormality.;</p> <p>lower extremity dyskinesia is a neurological deficit, indicating abnormal or involuntary movements in the legs, and can be a symptom of various neurological conditions or</p>	4
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Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	4
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This study is being ordered for a neurological disorder.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	4
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Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			12
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6 months	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	4

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Pre operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	4

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	128
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	116

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	16
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	8

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	8
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	16

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	8
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	36

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is NOT being ordered for acute or chronic back pain	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	20

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	44
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	48
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Focal extremity weakness; This procedure is NOT being ordered for acute or chronic back pain	4

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	12
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	4

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	4

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
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Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Physical Therapy was completed for this diagnosis</p>	4
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Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	4
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Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Trauma / Injury; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	8
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	12

Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		<p>This study is being ordered as pre-operative evaluation.;</p> <p>"The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.";</p> <p>This is a request for a Pelvis CT.;</p> <p>The surgery being considered a hip replacement surgery.</p>	8
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Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.	4
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4

Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Other not listed best describes the reason for this procedure	4
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer status is unknown	4

Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Other not listed best describes the reason for this procedure	4
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was medications.; The pain is musculoskeletal	4
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an Arm CT Non Joint; There is a history of upper extremity joint or long bone trauma or injury.	16
Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	136
Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.	44

Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material		<p>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 MDs specialty is Orthopedics.</p>	8
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Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	8
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences			4
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	60

Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	60
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	4

Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	16
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	8
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8

Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis</p>	8
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Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Other not listed was done for this diagnosis</p>	4
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Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)			40
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has surgery planned.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is 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.	20
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	32

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	12
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is requested to detect residual cancer after a course of treatment has been completed?; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has 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.	8
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	16

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	36
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	28

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	8

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	16

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	12
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	16
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	20
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received medication other than joint injections(s) or oral analgesics.; you can read it in the</p>	4
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral</p>	4
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	164

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>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.</p>	20
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>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.; Celebrex 200 mg q day. Oxycodone 10 mg t.i.d.</p>	4
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>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.; Ibuprofen;NSAIDs;Salonpas patch</p>	4
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>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.; ROBAXIN 750MG</p>	4
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	40
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	20

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is requested to detect residual cancer after a course of treatment has been completed?	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a 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.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has not had recent plain films, bone scan or ultrasound of the knee.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	44
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	272

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is a Medicare member.	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	32

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 4 weeks.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	56
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; exercise routine. She did ibuprofen,</p>	4
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Prescribe a muscle relaxer and an anti-</p>	4
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Shoulder hurts over the AC joint to</p>	4
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.</p>	4
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received medication other than joint injections(s) or oral analgesics.; Meloxicam 15 mg</p>	4
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received medication other than joint injections(s) or oral analgesics.; methylprednisolone ;Arm sling</p>	4
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	24
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	24
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has surgery planned.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is NOT a Medicare member.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for a mass, tumor or cancer.; 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	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for post operative evaluation.; There are physical or plain film findings of delayed or failed healing.	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.	20

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	16
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is a Medicare member.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member.	20
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation , post operative evaluation, or aseptic necrosis	8

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has 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.; The reason for the study is not for evaluation of wrist pain.	12

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The study is for infection or inflammation.; There are not physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The study is not requested for any of the standard indications for Knee MRI; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The 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.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>This study is being ordered for Inflammatory/ Infectious Disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Medications were given for this diagnosis</p>	4
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>This study is being ordered for Inflammatory/ Infectious Disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Physical Therapy was completed for this diagnosis</p>	8
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Physical Therapy was completed for this diagnosis</p>	4
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Other not listed was done for this diagnosis</p>	4
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	8
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	4
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	12
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	20
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material			4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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 Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	28
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		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 Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	16

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	4
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	4
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a foot CT.; There is a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.;</p> <p>There is a suspected tarsal coalition.;</p> <p>There is a history of new onset of severe pain in the foot within the last 2 weeks.;</p> <p>The patient has a documented limitation of their range of motion.</p>	8
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a foot CT.; There is a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.;</p> <p>There is not a suspected tarsal coalition.;</p> <p>There is a history of new onset of severe pain in the foot within the last 2 weeks.;</p> <p>It is unknown if the patient has a documented limitation of their range of motion.</p>	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a foot CT.; There is a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.;</p> <p>There is not a suspected tarsal coalition.;</p> <p>There is a history of new onset of severe pain in the foot within the last 2 weeks.;</p> <p>The patient does not have a documented limitation of their range of motion.;</p> <p>The patient has an abnormal plain film study of the foot other than arthritis.</p>	4
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Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a foot CT.; There is a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.;</p> <p>There is not a suspected tarsal coalition.;</p> <p>There is a history of new onset of severe pain in the foot within the last 2 weeks.;</p> <p>The patient has a documented limitation of their range of motion.</p>	32
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a foot CT.; There is not a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.;</p> <p>There is not a suspected tarsal coalition.;</p> <p>There is a history of new onset of severe pain in the foot within the last 2 weeks.;</p> <p>The patient has a documented limitation of their range of motion.</p>	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a foot CT.; There is not a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.;</p> <p>There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last 2 weeks.; The patient has a documented limitation of their range of motion.</p>	4
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Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is a suspected infection of the hip. ; There is a suspicion of AVN. ; There is a history (within the last six months) of significant trauma, dislocation, or	4
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Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; The patient has documented limited range of motion; It is unknown if he patient has used a cane or crutches for greater than 4 weeks; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip. ; The patient had an abnormal plain film study of the hip other than arthritis.</p>	4
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Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient does not have a documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is a history (within the last six months) of significant</p>	4
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Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient does not have a documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is NOT a history (within the last six months) of significant</p>	4
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Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is a suspicion of AVN. ; There is NOT a history (within the last six months) of significant trauma,</p>	12
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Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is a suspicion of AVN. ; There is NOT a history (within the last six months) of significant trauma,	4
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Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is NOT a history (within the last six months) of significant</p>	4
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Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is NOT a history (within the last six months) of significant</p>	4
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Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is a suspicion of AVN. ; There is a history (within the last six months) of significant trauma,</p>	8
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Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is a suspicion of AVN. ; There is NOT a history (within the last six months) of significant trauma,	4
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Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is a history (within the last six months) of significant</p>	4
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Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is a history (within the last six months) of significant</p>	8
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Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is NOT a history (within the last six months) of significant</p>	4
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Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is NOT a history (within the last six months) of significant</p>	4
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Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is NOT for pre-operative planning; The patient does not have a documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is a history (within the last six months) of significant trauma, dislocation, or</p>	4
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Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is NOT for pre-operative planning;</p> <p>The patient has documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint; There is NOT a suspected infection of the hip. ; There is a suspicion of AVN. ; There is NOT a history (within the last six months) of significant trauma, dislocation, or injury to the hip. ; The patient</p>	4
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Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; It is unknown if there a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; It is unknown if there is a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	4
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	16

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	24
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There NOT a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There NOT a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	16
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There NOT a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a suspected tarsal coalition; There is NO history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	4

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is Non-Diagnostic (to be used during surgery or to mold a joint replacement part); This is for Makoplasty and/or TKA or other non-surgical planning	92
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is Non-Diagnostic (to be used during surgery or to mold a joint replacement part); This is NOT for Makoplasty and/or TKA or other non-surgical planning	8
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Leg CT.	8

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis</p>	8
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Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	8
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Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
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Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Orthopedics	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences			28

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		"There is a 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.; Evaluate distal fibula fracture right ankle, need left ankle to compare alignment/structure.; This is a request for a bilateral ankle MRI.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.; This study is being ordered for evaluation of Morton's Neuroma.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A biopsy is planned in the next 30 days.; A biopsy has NOT been completed.	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A fine needle aspirate is planned in the next 30 days.; A biopsy has NOT been completed.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a post op.	16
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is planned for within 30 days.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union fracture.	12

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has had a recent bone scan.; The bone scan was normal.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered 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.	8

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered 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 walking cast for at least 4 weeks.	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for 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.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; A plain x-ray of the area been done.; The results of the plain film x-ray were abnormal.	8

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; A CT (knee or other) showed an abnormality; The ordering MDs specialty is Orthopedics.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is Orthopedics.	16

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is Orthopedics.	8

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is Orthopedics.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is Orthopedics.	16

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is Orthopedics.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is Orthopedics.	12

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is Orthopedics.	72
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is Orthopedics.	12

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient had recent plain films of the knee.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The plain films were normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis	12

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Instability; It is unknown if surgery is planned.	16
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Instability; Surgery is NOT being planned.	12

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Limited range of motion; Surgery is being planned.; Arthroscopic surgery	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Locking; Surgery is being planned.; Arthroscopic surgery	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; Surgery is NOT being planned.	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Instability; Surgery is NOT being planned.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Limited range of motion; It is unknown if surgery is planned.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Locking; It is unknown if surgery is planned.	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Swelling greater than 3 days; Surgery is NOT being planned.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Post-operative Evaluation	40
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Instability; Arthroscopic surgery	8

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Limited range of motion; Arthroscopic surgery	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	1012
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Locking	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned.	8

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Pain greater than 3 days; Arthroscopic surgery	4
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Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		<p>This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; 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.</p>	4
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Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned.	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis	28

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; Surgery is NOT being planned.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The plain films were not normal.; This study is being ordered for Known or Suspected Joint Infection	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Total Knee Arthroplasty (TKA)	12

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Yes, the patient had a recent ultrasound of the knee.; The patient had recent plain films of the knee.; The patient has not had a recent bone scan.; The plain films were normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis; No, the ultrasound of the knee was not normal.	4
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Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Yes, the patient had a recent ultrasound of the knee.; The patient had recent plain films of the knee.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The plain films were normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis; Yes, the ultrasound of the knee was normal.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The member has a recent injury.	16

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The member has surgery planned.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The study is for a mass, tumor or cancer.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The study is for post operative evaluation.	20
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.	16

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	84
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	12
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	16

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	12
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	44
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is a study for a fracture which does not show healing (non-union fracture).; Non Joint is being requested.	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		<p>This study is being ordered for Inflammatory/ Infectious Disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Physical Therapy was completed for this diagnosis</p>	4
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Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		<p>This study is being ordered for Inflammatory/ Infectious Disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis</p>	12
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Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Medications were given for this diagnosis</p>	12
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Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	8
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Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
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Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
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Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
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Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	12
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Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	12
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Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material			8
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	4

Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	68
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	8
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injuryis not suspected.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4

Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injuryis not suspected.; There is a suspicion of fracture not adequately determined by x-ray.	4
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	4
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	12

Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	12
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	4
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; The study is for Aseptic Necrosis	4
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; The study is for post operative evaluation.	8

Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		<p>This study is being ordered for Inflammatory/ Infectious Disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	8
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Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		<p>This study is being ordered for Inflammatory/ Infectious Disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis</p>	4
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Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	4
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Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	12
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Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
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Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Orthopedics	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4
Orthopedics	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	4

Orthopedics	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
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Orthopedics	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
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Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
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Orthopedics	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
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Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; See attached MRI report; There is not x-ray evidence of a recent lumbar fracture.	4
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Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Thoracolumbar Spine Special: Facet Loading test: positive to the left, Facet Loading test: positive to the right, and; Facet Loading test: positive to extension;- 5/21/25 XR L Spine: mild L4-5 DDD, mild L4-S1 facet degen; mild loss of lordosis, mild rota; There is not x-ray evidence of a recent lumbar fracture.	4
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Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
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Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
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Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	8
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Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary		4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	20
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	20
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; It is unknown if the trauma or injury occur within the past 72 hours.; This is NOT a Medicare member.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	8
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	16

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	12

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	36
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	12

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	36
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
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Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8

Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	4
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary		4

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	8

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	76
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	24
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	16

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	8
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	24

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Recent evidence of fracture documented by x-ray	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	44
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	4
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Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
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Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	8
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Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
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Orthopedics	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; The surgery being considered a hip replacement surgery.	8
Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was medications.; The pain is musculoskeletal	4
Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Pelvis fracture or injury best describes the reason for this procedure; The results of the prior x-ray is other not listed.	4

Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Orthopedics	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	4
Orthopedics	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	4

Orthopedics	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	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.	8
Orthopedics	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Orthopedics	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	8
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Orthopedics	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	8
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary		8

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	36

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	8
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Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received medication other than joint injections(s) or oral analgesics.;	4
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Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	8
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	8

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	12
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	32

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	4

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	12
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	8

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has surgery planned.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation , post operative evaluation, or aseptic necrosis	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
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Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
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Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
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Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	12
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Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	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 Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	4

Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is Non-Diagnostic (to be used during surgery or to mold a joint replacement part); This is for Makoplasty and/or TKA or other non-surgical planning	4
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Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary		4

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"There is 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.; Evaluate distal fibula fracture right ankle, need left ankle to compare alignment/structure.; This is a request for a bilateral ankle MRI.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	4

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; A plain x-ray of the area been done.; The results of the plain film x-ray were abnormal.	4

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for 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 anti-inflammatory medication for at least 6 weeks.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is Orthopedics.	4

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Wheel chair; The ordering MDs specialty is Orthopedics.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is Orthopedics.	4

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is Orthopedics.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	36

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Pain greater than 3 days; Surgery is NOT being planned.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is Orthopedics.	4

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	8
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	32

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	12

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	8
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is 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 scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	8
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	8
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
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Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
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Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
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Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	16
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Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
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Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	28
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Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	16

Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	8
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	4
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	8

Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is not for hip pain.; Tendon or ligament injuryis not suspected.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; There is not a suspicion of fracture not adequately determined by x-ray.	4
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is not for hip pain.; There is a suspicion of tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.	4

Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is not for hip pain.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	4
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologi st, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8

Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
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Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	8
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Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Orthopedics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4
Osteopath	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via BBI.; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Osteopath	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Osteopath	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering MDs specialty is NOT Orthopedics or Rheumatology.	4

Osteopath	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	4
Osteopath	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4

Osteopath	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4
Other	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Other	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4

Other	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	4
Other	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is not a history of serious head or skull, trauma or injury.; There is no suspicion of a neoplasm or metastasis.; This is not a preoperative or recent postoperative evaluation.; It is unknown if there is suspicion of an acoustic neuroma, pituitary or other tumor.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	12

Other	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is not a history of serious head or skull, trauma or injury.; There is no suspicion of a neoplasm or metastasis.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of an acoustic neuroma, pituitary or other tumor.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4
Other	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is suspicion of a bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4

Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	8
Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	4

Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"	4
Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.	4

Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material		<p>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); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.</p>	8
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Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Medications were given for this diagnosis</p>	4
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Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	4
Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	4

Other	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for a neurological disorder.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Medications were given for this diagnosis</p>	4
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Other	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Other	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4

Other	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.	4
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	8

Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	24
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	4
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	8

Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is NOT a new/initial evaluation	4
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is 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).	4

Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient had an audiogram.; The results of the audiogram were abnormal.; It is unknown why this study is being ordered.; The patient has hearing loss.	4
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	8

Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	8
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4

Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Other	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	8
Other	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	12

Other	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there is radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; This is a request for a Thorax (Chest) CT.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	4
Other	Approval	71250 Computed tomography, thorax; without contrast material		No, the patient was NOT seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; Abnormal finding on physical examination was noted on evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for chest injury or trauma within the past 2 weeks.	4

Other	Approval	71250 Computed tomography, thorax; without contrast material		'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.	4
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Other	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	16
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Other	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Chemotherapy was given for this diagnosis	4
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Other	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
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Other	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4
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Other	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; This is a request for a Chest CT.; This study is being ordered for follow up trauma.; The study is being ordered for none of the above.	4
Other	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4

Other	Approval	71250 Computed tomography, thorax; without contrast material		They did not have a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Other	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Other	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	4

Other	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	8
Other	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Other	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	4
Other	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for known tumor.	4

Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.</p>	20
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Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.</p>	16
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Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient is 78 years old or older.</p>	4
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Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	12
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Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	4
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Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score. ; The patient does NOT have an elevated D-dimer blood test.	4

Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probability score.	4
Other	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; DIFFUSE WEAKNESS IN LLE; There is not x-ray evidence of a recent lumbar fracture.	4

Other	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.	4
Other	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Known or Suspected Infection or abscess; There is laboratory or x-ray evidence of osteomyelitis.	4

Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	4

Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	4
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4

Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	4
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is a Medicare member.	4

Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	8
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	8

Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	16
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure.	4

Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			4

Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</p>	4
Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.</p>	4

Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Other	20

Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	16
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	12

Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	8
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8

Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Ice and/or heat has been used for the patient's back pain; The procedure is being ordered for acute or chronic back pain	12
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	16

Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Focal extremity weakness; This procedure is NOT being ordered for acute or chronic back pain	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has New symptoms of paresthesia evaluated by a neurologist; This procedure is NOT being ordered for acute or chronic back pain	4

Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	4

Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
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Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Physical Therapy was completed for this diagnosis</p>	4
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Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	4
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Other	Approval	73200 Computed tomography, upper extremity; without contrast material		<p>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 MDs specialty is NOT Orthopedics or Rheumatology.</p>	4
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Other	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	4
Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthroscopy is 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.	4

Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	4
Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4

Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	4
Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	8
Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	4

Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	4
Other	Approval	73700 Computed tomography, lower extremity; without contrast material		There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	8

Other	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is NOT for pre-operative planning;</p> <p>The patient has documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; There is NOT a suspected infection of the hip. ;</p> <p>There is NOT a suspicion of AVN. ;</p> <p>There is NOT a history (within the last six months) of significant trauma, dislocation, or injury to the hip. ; The</p>	4
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Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	12
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; A plain x-ray of the area been done.; The results of the plain film x-ray were normal.; It is unknown if the patient had abnormal lab studies.	4

Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An MRI showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	4
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	16
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4

Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	8
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	4
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	4

Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	4
Other	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	8

Other	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by some type of imaging other than an Ultrasound.	4
Other	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4

Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	16
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Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Chemotherapy was given for this diagnosis	4
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Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
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Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4
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Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.</p>	4
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Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.</p>	4
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Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.</p>	4
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Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; 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.	4

Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	8
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.	4

Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	8
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Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Functional intestinal disorder; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); right inguinal hernia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.</p>	8
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Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	8

Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	8
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	16

Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	40

Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	4
Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for a condition not listed.	4
Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is other	4

Other	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via BBI.; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	4
Other	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	8
Other	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)		This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	4

Other	Approval	78451 Ht Muscle Image Spect Sing		Medical records attached; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; A study not listed has be completed.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
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Other	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study;</p> <p>It is unknown when the symptoms began or changed</p>	4
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Other	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago</p>	4
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Other	Approval	78451 Ht Muscle Image Spect Sing		<p>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</p>	4
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Other	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	4
Other	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4

Other	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed more than one year ago</p>	4
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Other	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource</p>	4
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Other	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource</p>	8
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Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4
Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with PSMA.	4

Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a 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.	4
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	8

Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	4
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	4

Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	12
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	4

Other	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	4
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Other	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</p>	4
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Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of Marfan's syndrome.; This is for the initial evaluation of MarfanÆs Syndrome.	4
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	56

Other	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; It is unknown when the last TTE (Transthoracic Echocardiogram) was completed</p>	4
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Other	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	44
Other	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	8

Other	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	4
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Other	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	12
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Other	Approval	93307 Tte W/O Doppler Complete		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis</p>	4
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Other	Approval	93307 Tte W/O Doppler Complete		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis</p>	4
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Other	Approval	93350 Stress Tte Only		<p>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.;</p> <p>This is a Medicare member.;</p> <p>The patient has new or worsening symptoms not medically controlled ;</p> <p>The ordering MDs specialty is not Cardiology or Cardiac Surgery</p>	4
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Other	Approval	93350 Stress Tte Only		<p>This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.</p>	16
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Other	Approval	93350 Stress Tte Only		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis</p>	4
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Other	Approval	S8037 Magnetic Resonance Cholangiopancreatography		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has undergone unsuccessful ERCP and requires further evaluation.	4
Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	8
Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	8
Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	12

Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	8
Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	4
Other	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8
Other	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.	4

Other	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Other	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	4

Other	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed	4
Other	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	12

Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; 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.	4
Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; 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).	4
Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4

Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	4
Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; 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.	4

Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	4
Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	4

Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	8
Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	8
Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; 'None of the above' 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).	4

Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; 'None of the above' 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).	4
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Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	4
Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	4

Other	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is 49 years old or younger.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.	4
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Other	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient is 78 years old or older.	4
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Other	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; The patient does NOT have an elevated D-dimer blood test.	8
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Other	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Other	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	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 for chronic neck pain or suspected degenerative disease.; It is unknown whether the patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	4
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Other	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Other	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4
Other	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	4

Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary		4
Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4
Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Known or Suspected Infection or abscess; There is laboratory or x-ray evidence of osteomyelitis.	4

Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary		8
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4

Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	20
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4

Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	4

Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4

Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	24
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Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
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Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
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Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4

Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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	4
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Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has 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	4
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Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4

Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary		20
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Something other than listed has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	4

Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Other	20
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	56
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	4

Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	12
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	12

Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8

Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	24
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4

Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
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Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
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Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Other	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Persistent pain best describes the reason for this procedure; The pain is best described as other not listed	4

Other	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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Other	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	4
Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The 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.	4

Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	8
Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	4

Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	4
Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; There is a suspicion of fracture not adequately determined by x-ray.	4

Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union fracture.	4

Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	4
Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	4
Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4

Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	8
Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Wheel chair; The ordering MDs specialty is NOT Orthopedics.	4

Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	8
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Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	8
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Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
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Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	4

Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
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Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.	4

Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; 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	4
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Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.	4
Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	4

Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary		4
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	4
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Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Blood in stool; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4

Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Other specified disorders of bladder..; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Polycystic ovarian syndrome; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4

Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	8

Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4

Other	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	No prior imaging has been conducted; Persistent pain best describes the reason for this procedure.	4
Other	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Other not listed best describes the reason for this procedure.	4
Other	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	4
Other	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed	4

Other	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Precordial pain;Right arm pain;Chest pain/anginal equiv, intermediate CAD risk, treadmill candidate; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Other	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	4

Other	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	4
Other	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4

Other	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Medications were given for this diagnosis</p>	4
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Other	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	4
Other	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	4

Other	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4
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Other	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	4
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Other	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	4
Other	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	4

OTHER O/P DIAG TESTING	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Vertigo - "spinning dizziness" best describes the reason that I have requested this test.	4
OTHER O/P DIAG TESTING	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	4

OTHER O/P DIAG TESTING	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; 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.	4
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OTHER O/P DIAG TESTING	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Chemotherapy was given for this diagnosis	4
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OTHER O/P DIAG TESTING	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; It is unknown if this patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.</p>	4
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OTHER O/P DIAG TESTING	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	4
OTHER O/P DIAG TESTING	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Focal extremity weakness; This procedure is NOT being ordered for acute or chronic back pain	4
OTHER O/P DIAG TESTING	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.	4

OTHER O/P DIAG TESTING	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; This is a Medicare member.	4
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OTHER O/P DIAG TESTING	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Chemotherapy was given for this diagnosis	4
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OTHER O/P DIAG TESTING	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	8
OTHER O/P DIAG TESTING	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4

OTHER O/P DIAG TESTING	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4
OTHER O/P DIAG TESTING	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An ultrasound is the only has been previously conducted.; Bile duct stone best describes the reason for this procedure.; Prior imaging showed enlarged bile ducts.	4

OTHER O/P DIAG TESTING	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a pre-operative or post operative evaluation.	4
OTHER O/P DIAG TESTING	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4

OTHER O/P DIAG TESTING	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
Otolaryngology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Otolaryngology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4

Otolaryngology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4
Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		It is unknown if there is a suspicion of bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	16
Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; It is unknown if there is a history of serious head or skull, trauma or injury.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4

Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is not a history of serious head or skull, trauma or injury.; There is no suspicion of a neoplasm or metastasis.; This is a preoperative or recent postoperative evaluation.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	12
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Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is not a history of serious head or skull, trauma or injury.; There is no suspicion of a neoplasm or metastasis.; This is not a preoperative or recent postoperative evaluation.; It is unknown if there is suspicion of an acoustic neuroma, pituitary or other tumor.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4
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Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is not a history of serious head or skull, trauma or injury.; There is no suspicion of a neoplasm or metastasis.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of an acoustic neuroma, pituitary or other tumor.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	12
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Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is not a history of serious head or skull, trauma or injury.; There is no suspicion of a neoplasm or metastasis.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of an acoustic neuroma, pituitary or other tumor.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4
Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is suspicion of a bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	36

Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		This is a request for an Internal Auditory Canal CT.; There is a suspected cholesteatoma of the ear.; The patient had a recent abnormal auditory brainstem response.; The patient had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is a new and sudden onset of one-sided ear pain not improved by pain medications.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	4
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Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		<p>This is a request for an Internal Auditory Canal CT.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is not a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is not a pre-</p>	4
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Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.	8
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Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	8
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"	4

Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	4
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.	8
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for post-operative evaluation.	8
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.	40

Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		<p>This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.</p>	12
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Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	8
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.	72

Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (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 patient had 1 course of antibiotic treatment.	4
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Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	196
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	16

Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.	4
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.	16
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	28
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.	4

Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; It is not known if the neck mass has been examined twice at least 30 days apart.	4
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump got smaller.	4

Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.	4
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	20
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.	4

Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was done.; The patient has been diagnosed with cancer.	4
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.	4

Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	16
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.	12
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	20
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is scheduled in the next 30 days.	4
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.	8

Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	52
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8
Otolaryngology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation for vascular disease; Unknown best describes the clinical indication for requesting this procedure	4

Otolaryngology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Otolaryngology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	4
Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		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).; It is unknown if there is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; It is unknown if there is a history of orbit or face trauma or injury.	4

Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	4
Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is not a suspicion of an infection or abscess.; This examination is 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 a Face MRI.; There is not a history of orbit or face trauma or injury.	4

Otolaryngology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4
Otolaryngology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	8
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Ringing in the ears (tinnitus), hearing loss or abnormal hearing test best describes the reason that I have requested this test.	8

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	4
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Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as 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.	8
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	4

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	4
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	8

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	4
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Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	12
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Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<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.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.</p>	4
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Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	4
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Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is 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	8
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Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The patient did not have a normal audiogram.; The patient is experiencing hearing loss.	100
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Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The patient had a normal audiogram.; The patient is experiencing hearing loss.	12
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Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>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 is NOT a Medicare</p>	8
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Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of 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 is NOT a Medicare member.	4
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Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient had an audiogram.; The results of the audiogram were abnormal.; It is unknown why this study is being ordered.; The patient has hearing loss.	8
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	4
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	4
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8

Otolaryngology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4
Otolaryngology	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Head/Neck cancer.	4

Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Head/Neck cancer.	8
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.	4
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.	12

Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; 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); It is unknown if the patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	4
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Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	4
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.	8

Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; It is not known if the neck mass has been examined twice at least 30 days apart.	4
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.	4

Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.	4
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	12
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.	4

Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	4
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	16
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	20

Otolaryngology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
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Otolaryngology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
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Otolaryngology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	4
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Otolaryngology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	12
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Otolaryngology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Otolaryngology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The patient did not have a normal audiogram.; The patient is experiencing hearing loss.	4
Otolaryngology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	4

Pathology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4
Pathology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Pathology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4

Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	4
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Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	4
Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	4

Pediatrics	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is suspicion of a bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4
Pediatrics	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	4
Pediatrics	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.	4

Pediatrics	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; It is unknown if surgery is scheduled in the next 30 days.	4
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	16
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	8

Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; The patient has Fluid on the brain (hydrocephalus).	4
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected inflammatory disease best describes the reason that I have requested this test.	4
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	8

Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	4
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The 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).	4

Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	8
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	4
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Pediatrics	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.</p>	8
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Pediatrics	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is a Medicare member.;</p> <p>The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.;</p> <p>The patient is between 50 and 77 years old.;</p> <p>The pack year (PPY) is documented in the</p>	4
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Pediatrics	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	8
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Pediatrics	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score. ; The patient does have an elevated D-dimer blood test.	4
Pediatrics	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probability score.	4

Pediatrics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4
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Pediatrics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		<p>This study is being ordered for a neurological disorder.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Physical Therapy was completed for this diagnosis</p>	4
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Pediatrics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for</p> <p>Neurological deficits;</p> <p>The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>It is unknown if there is recent evidence of a thoracic spine fracture.;</p> <p>There is weakness.;</p> <p>Muscle and joint pain every where in the body.;</p> <p>Trouble walking - provides video of steppage gait bilaterally, worse on the right side.;</p> <p>Weakness - mainly in</p>	4
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Pediatrics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4

Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4
Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; It is not known if study is requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	4

Pediatrics	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a foot CT.; There is a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.;</p> <p>There is not a suspected tarsal coalition.;</p> <p>There is a history of new onset of severe pain in the foot within the last 2 weeks.;</p> <p>The patient has a documented limitation of their range of motion.</p>	4
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		<p>This is a request for a Knee MRI.;</p> <p>Abnormal physical examination of the knee was noted as an indication for knee imaging.;</p> <p>Instability was noted on the physical examination.;</p> <p>The patient is being treated with Crutches.;</p> <p>The ordering MDs specialty is NOT Orthopedics.</p>	4

Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The member has a recent injury.	4
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	4

Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	4
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Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4
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Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4
Pediatrics	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.	4

Pediatrics	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; New abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology</p>	4
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Pediatrics	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.</p>	4
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Pediatrics	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	4
Pediatrics	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	8

Pediatrics	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	4
Pediatrics	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4

Pediatrics	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of</p>	4
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Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 06/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative;	4
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Pediatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	4
Pediatrics	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4
Pediatrics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	4

Pediatrics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor.	4
Pediatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	8
Pediatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4

Pediatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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Pediatrics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.	4
Pediatrics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	4
Physical Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4

Physical Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	4
Physical Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	4
Physical Medicine	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		It is unknown if there is a suspicion of bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4

Physical Medicine	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is suspicion of a bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	8
Physical Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.	4

Physical Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	40
Physical Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.	4
Physical Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	4

Physical Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.	4
Physical Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4
Physical Medicine	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of infection or abscess	4

Physical Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4

Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	28
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	8
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; 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.	4

Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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).	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.	4

Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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).	4
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Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; It is unknown if the patient has completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed more than 12 months ago; The patient has a biopsy proven cancer	4
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Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	8
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Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed more than 12 months ago; The patient has a biopsy proven cancer	4
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Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The patient has a biopsy proven cancer	4
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Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include inability to speak.	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; It is unknown if there has there been a change in seizure pattern or a new seizure.	4

Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	16
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material			8
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	4

Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	4
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; It is unknown when the primary symptoms began	4

Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; 'None of the above' were 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.	4
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'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	4
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4

Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; It is unknown when the primary symptoms began; Chemotherapy was given for this diagnosis	4
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Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	8
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Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; No treatment or therapy was given for this diagnosis or it is unknown	4
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Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Chemotherapy was given for this diagnosis	4
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Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	20
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Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Thorax (Chest) CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4
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Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Thorax (Chest) CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	8

Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	8
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	16
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	4

Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	4
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for known tumor.	4
Physical Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	8

Physical Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The pack year (PPY) is NOT documented in the patient's chart.</p>	4
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Physical Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the</p>	4
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Physical Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.</p>	8
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Physical Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.</p>	32
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Physical Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	12
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Physical Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	36
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Physical Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Physical Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Physical Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probability score.	8
Physical Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for 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.	4

Physical Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Physical Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.	4
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Physical Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		<p>This is a request for a lumbar spine CT.;</p> <p>Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.;</p> <p>The patient has had back pain for over 4 weeks.;</p> <p>The patient has seen the doctor more than once for these symptoms.;</p> <p>The physician has directed conservative treatment for the past 6 weeks.;</p> <p>The patient has completed 6 weeks of physical therapy?</p>	8
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Physical Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	8

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Abnormal Reflexes	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	20
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	20

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury occur within the past 72 hours.; There is new onset radiculitis/radiculopathy.	4

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	8
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	4

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	8
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	68

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Pre-operative evaluation describes the reason for requesting this procedure.	12
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	8

Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
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Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year	4

Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient has had back pain for over 4 weeks.;</p> <p>The patient has seen the doctor more then once for these symptoms.;</p> <p>The physician has directed conservative treatment for the past 6 weeks.;</p> <p>The patient has completed 6 weeks of physical therapy?</p>	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does have a new foot drop.</p>	4

Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is recent evidence of a thoracic spine fracture.;</p> <p>There is weakness.;</p> <p>05/12/25: Discussed and reviewed x-ray findings with patient. T-spine AP/LAT at OA reviewed: Multilevel disc degeneration and spondylosis. Multilevel right-sided lateral bridging osteophytes. Difficult to fully</p>	4
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Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	8
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			20

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; It is unknown if this procedure is being ordered for acute or chronic back pain	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	112
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	132

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	12
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	20
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	52

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	12
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has None of the above; This procedure is NOT being ordered for acute or chronic back pain	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via BBI.; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Chiropractic care has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	64
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	28

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Abnormal reflexes; This procedure is NOT being ordered for acute or chronic back pain	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Cannot agree/affirm; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
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Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year	4

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	4

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Physical Medicine	Approval	72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Physical Medicine	Approval	72192 Computed tomography, pelvis; without contrast material		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.	4
Physical Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was chiropractic care.; Four weeks or more of conservative treatment was completed.; The treatment was completed more than 6 months ago.; The pain is musculoskeletal	4

Physical Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was medications.; The pain is musculoskeletal	4
Physical Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was physical therapy.; Four weeks or more of conservative treatment was completed.; The treatment was completed within the last 6 months.; An Xray has been previously conducted.; The pain is musculoskeletal	4

Physical Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; Other not listed describes the patient's uterine condition.	4
Physical Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; No biopsy is planned	4
Physical Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requested for initial staging.	4

Physical Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	8
Physical Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is 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 MDs specialty is NOT Orthopedics or Rheumatology.	4

Physical Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	12
Physical Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	4

Physical Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	4
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Physical Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	4

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is 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.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; 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.	8

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	12
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	8

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	28

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>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.</p>	4
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Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	8
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	8

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	12

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	8

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	4

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	4
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Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Physical Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.	4

Physical Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for infection.	4

Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	4
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; It is unknown if this study is being ordered for evaluation of Morton's Neuroma.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; A biopsy has NOT been completed.	4

Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	8
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Neoprene knee sleeve; The ordering MDs specialty is NOT Orthopedics.	4

Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	4
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	28

Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The member has a recent injury.	4
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The study is not requested for any of the standard indications for Knee MRI	4
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	4

Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Physical Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	8
Physical Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; It is not known if there is a suspicion of tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4

Physical Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	4
Physical Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; The study is for post operative evaluation.	4

Physical Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Medications were given for this diagnosis</p>	8
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Physical Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; This is a Medicare member.	4
Physical Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Something other than the spleen, liver or kidney is enlarged.	4

Physical Medicine	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Physical Medicine	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; It is unknown when the primary symptoms began	4
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Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; It is unknown when the primary symptoms began; Chemotherapy was given for this diagnosis	4
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Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	8
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Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; No treatment or therapy was given for this diagnosis or it is unknown	4
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Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Chemotherapy was given for this diagnosis	4
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Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	20
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Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.	4
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Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were 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.	12
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; 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.	4

Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.	4
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Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient 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 study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	16

Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam are unknown.; The patient is Female.	4

Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4
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Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; 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.; The patient is Female.</p>	4
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Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	8
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4

Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4

Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	12
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4

Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT scan and ultrasound have been previously conducted.; Prior imaging was abnormal; Persistent pain best describes the reason for this procedure.	4
Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Gastric cancer is suspected.	4

Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; The type of suspected cancer is not listed.	4
Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for initial staging.	4
Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other not listed best describes the reason for this procedure.	4

Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; A lipase abnormality was noted.	4
Physical Medicine	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This case was created via RadMD.; Agree; This Heart MRI is being requested for heart failure and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed 6 months ago or less; The patient has not had a previous Cardiac (Heart) MRI.	4
Physical Medicine	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This Heart MRI is being requested for Other	4

Physical Medicine	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	4
Physical Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	4
Physical Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; No other study was performed	4

Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		<p>Shortness of breath.;</p> <p>Experiences random bouts of shortness of breath during exertion.;</p> <p>Concerns raised about potential cardiac issues.;</p> <p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>The patient has not had other testing done to evaluate new or changing symptoms.;</p> <p>The patient has 2 cardiac risk factors;</p> <p>The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.;</p> <p>There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;</p>	4
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Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4
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Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Medications were given for this diagnosis</p>	4
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Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>There are 2 exams are being ordered.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	4

Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 3 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4
Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4

Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4
Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with PSMA.	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 01/07/2025; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 04/01/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The</p>	8
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 02/20/2025; Neuro Rehabilitative; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The patient recently suffered either a CVA or TBI; 02/21/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; Speech Therapy was requested; The health</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 03/20/2025; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 04/14/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 03/23/2023; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Aphasia/Apraxia; The patient recently suffered either a CVA or TBI; 5/28/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was over 12 months ago; The	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 03-09-2025; Neuro Rehabilitative; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The patient recently suffered either a CVA or TBI; 04/14/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; Speech Therapy was requested; The health</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 04/01/2025; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 5/12/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 04/05/2025; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 04/25/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 04/13/2025; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 6/4/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 05/23/2025; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 06/17/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 05/25/2025; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 06/19/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 10/24/2024; Neuro Rehabilitative; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The patient recently suffered either a CVA or TBI; 01/06/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; Speech Therapy was requested; The health</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 12/25/2024; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 5/20/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 2/3/2025; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; 04/01/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is 65 or older; Date of condition onset is within the past 6 months; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 3/1/2025; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 5/6/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 3/11/2025; Neuro Rehabilitative; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The patient recently suffered either a CVA or TBI; 5/21/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; Speech Therapy was requested; The health carrier is NOT Iowa</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 3/12/2025; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 4/1/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 5/23/2025; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 6/9/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Neuro Rehabilitative; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The patient has not recently suffered either a CVA or TBI; 5/30/2025; The evaluation date is not in the future; The primary condition is Cognitive linguistic Impairment; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Speech Therapy was	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Neuro Rehabilitative; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The patient has not recently suffered either a CVA or TBI; 6/19/2025; The evaluation date is not in the future; The primary condition is Dysphagia; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Speech Therapy was requested; The health	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient has not recently suffered either a CVA or TBI; 5/8/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient has not recently suffered either a CVA or TBI; 6/23/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 05/01/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 3/24/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 4/23/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 4/26/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 6/19/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Executive Function; The patient has not recently suffered either a CVA or TBI; 06/11/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognitive Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 02/25/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognitive Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 03/13/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognitive Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 04/02/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognitive Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 04/17/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognitive Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 05/05/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognitive Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 05/12/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognitive Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 05/13/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognitive Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 05/27/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognitive Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 5/13/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognitive Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 5/29/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognitive Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 6/12/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Voice; The patient has not recently suffered either a CVA or TBI; 5/9/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Requestor is not a fax; 06/25/2025; The evaluation date is not in the future; One visit anticipated; Habilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Neuro Rehabilitative; Requestor is not a fax; 6/18/2025; The evaluation date is not in the future; One visit anticipated; Neuro Rehabilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; 4/22/2025; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; 4/24/2025; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; 4/25/2025; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; 4/30/2025; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; 5/8/2025; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; 01/22/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; Moderate to severe functional deficits supported by standardized assessments; The member is 0-3 years old; 03/05/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families;	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 04/09/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 05/05/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 05/13/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 05/19/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 05/23/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 06/19/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 09/12/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 6/17/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 4-6 years old; 03/31/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient's plan of care does NOT include treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families;	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 4-6 years old; 06/13/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient's plan of care does NOT include treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families;</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 4-6 years old; 11/08/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient's plan of care does NOT include treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families;	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 4-6 years old; 12/13/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient's plan of care does NOT include treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families;	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is other; 6/2/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation dates less than 270 days in the past; The	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 01/17/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested; The	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 06/18/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested; The	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 05/17/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 09/09/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 09/26/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 10/03/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 10/07/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 12/16/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 4/8/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 5/20/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 6/2/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; 05/27/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; 08/15/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; 10/02/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; 10/14/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; 3/3/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; 6/23/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		The condition being treated is language or articulation; The member is 0-3 years old; Questions about the subsequent request: ; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 1 visit; Speech Therapy was requested; Moderate to severe functional deficits supported by standardized assessments; Three or more visits anticipated	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		The condition being treated is language or articulation; The member is 4-6 years old; Questions about the subsequent request: ; The patient's plan of care does NOT include treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 1 visit; Speech Therapy was requested; Moderate to severe functional deficits supported by standardized assessments; Three or	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		<p>The condition being treated is language or articulation; The member is 4-6 years old; Questions about the subsequent request: ; The patient's plan of care does NOT include treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 2 visits; Speech Therapy was requested; Moderate to severe functional deficits supported by standardized assessments; Three or</p>	4
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Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		The condition being treated is language or articulation; The member is 7 years old or older; Questions about the subsequent request: ; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 2 visits; Speech Therapy was requested; Three or more visits anticipated	4
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Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	4

Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	12
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	4

Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	16
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	12

Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; It is unknown when the last TTE (Transthoracic Echocardiogram) was completed	4
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Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; New onset murmur best describes the reason for ordering this study.	8
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	4

Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	4
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Physical Medicine	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	4
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Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	4
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Physical Medicine	Approval	93307 Tte W/O Doppler Complete		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis</p>	4
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Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Physical Medicine	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	4

Physical Medicine	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member has a history of cardiac disease; Cardiac testing has NOT been performed recently; The ordering MDs specialty is not Cardiology or Cardiac Surgery	4
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Physical Medicine	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)			8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		01/24/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 1-6 years old.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/07/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/03/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/05/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 1-6 years old.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/11/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/17/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/19/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/21/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/25/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		03/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/01/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/01/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/03/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/07/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/10/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/17/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/18/25; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/21/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/22/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/23/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/24/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Gait, Balance and Falls is the selected condition; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/02/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/22/2024; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/06/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/07/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/13/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/15/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Questions about your Knee request: ; Two visits anticipated; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; Physical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/30/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 1-6 years old.; Mild functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/02/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/02/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/03/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/03/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/06/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/06/25; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/10/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/28/2025; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/11/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/13/2025; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/13/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/17/2025; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/18/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/20/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/23/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/25/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1/28/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		10/21/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		11/08/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/21/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		2/25/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/10/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/11/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/17/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/18/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/26/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/4/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		3/31/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	24
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/1/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/1/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/10/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/14/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/15/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/16/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/18/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/2/2025; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/2/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/21/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/22/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/23/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/24/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/15/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/25/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/12/2025; Pre-Op; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; Physical therapy was requested; The health carrier is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/28/2025; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/2/2025; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/29/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/3/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/28/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/4/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/7/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 07/13/2024; Date of onset is more than 4 months ago; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/8/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 3/12/2025; Date of onset is within the last 4 months; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/30/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/1/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/19/2025; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/12/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/13/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/14/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/15/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/16/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; TBI is the selected condition; 4/16/2025; Date of onset is within the last 4 months; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; TBI is the selected condition; Physical or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/19/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 4/18/2025; Date of onset is within the last 4 months; The patient does not require human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Multiple Sclerosis is the selected condition; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The patient is not able to walk and/or transfer without human and/or assistive device; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Multiple Sclerosis is the selected condition; Physical or Occupational therapy	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/21/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/19/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/22/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/23/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 4/30/2025; Date of onset is within the last 4 months; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/27/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/28/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/28/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/29/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/30/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 4/27/2025; Date of onset is within the last 4 months; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/5/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/12/2025; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/8/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		5/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/10/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/01/2024; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/11/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/12/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/13/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/28/2025; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/16/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Parkinsons is the selected condition; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The patient is not able to walk and/or transfer without human and/or assistive device; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Parkinsons is the selected condition; Physical or Occupational therapy was requested; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/17/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/18/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/19/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/2/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Parkinsons is the selected condition; Therapy type is Neuro Rehabilitative; Requestor is not a fax; An increase in falls or a decline in independence has occurred.; Physical Therapy was requested; The patient is able to walk and/or transfer without human and/or assistive device; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Parkinsons	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/1/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/23/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/24/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 05/14/2025; Date of onset is within the last 4 months; The patient does not require human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/3/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/4/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/30/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		6/9/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	20
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/20/2025; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Wound/Burn Care selected as the body type/region; Body Part for first pass is Wound/Burn Care; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; Wound/Burn Care was selected as the first body type/region; Cardiopulmonary Rehab was selected as the second body type/region; Body Part	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 5/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; Wound/Burn Care was selected as the first body type/region; Cardiopulmonary Rehab was selected as the second body type/region; Body Part for first pass is Wound/Burn Care; Speech Therapy was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 6/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; Wound/Burn Care was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Wound/Burn Care;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Two visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Second Pass Starting; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Two visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Second Pass Starting; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Elbow; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Hip/Pelvic; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is not in options listed; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/23/2025; Post-Op; Elbow selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Elbow request: ; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Thoracic Spine/Chest; 06/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Elbow request: ; Three or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Wrist; 4/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Elbow; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hip/Pelvic;</p> <p>04/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Knee; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Shoulder; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 04/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 05/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/14/2025; Post-Op; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 04/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 05/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 4/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 6/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 04/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 04/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 06/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 06/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 06/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 04/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/28/2025; Post-Op; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 04/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/11/2025; Post-Op; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 04/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 05/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 05/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 06/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 06/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 06/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 06/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 06/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 4/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 6/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The Pelvis/Pelvic Floor	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The Pelvis/Pelvic Floor	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 04/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 05/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 06/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/28/2025; Post-Op; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 06/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/22/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Thoracic Spine/Chest; 4/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Thoracic Spine/Chest; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Wrist; 06/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/8/2018; Post-Op; Hip/Pelvis selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Wrist request: ; Three or more visits anticipated;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 04/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 04/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 05/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic;</p> <p>06/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 4/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 5/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 04/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 04/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 04/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 05/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 05/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 05/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 05/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 06/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 5/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 5/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 04/01/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 04/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 04/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 06/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 4/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 5/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Shoulder; 4/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Shoulder; 4/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Shoulder; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Shoulder; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Shoulder; 5/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Shoulder; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Shoulder; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Shoulder; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic;</p> <p>04/01/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic;</p> <p>04/01/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 04/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 04/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 04/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic;</p> <p>04/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete;</p> <p>Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 04/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic;</p> <p>04/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits</p>	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 04/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 04/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 04/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 04/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic;</p> <p>05/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete;</p> <p>Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 05/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/01/2024; Post-Op; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 05/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 05/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 05/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 05/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 06/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 06/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 06/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 06/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 06/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 06/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 06/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 06/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 06/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 6/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting;	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 04/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 04/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 04/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 05/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 06/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 06/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 5/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 5/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 03/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 04/01/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 04/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 04/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 04/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 04/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 04/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 04/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 04/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 05/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 05/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 06/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 06/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/19/2025; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 5/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/11/2025; Post-Op; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/21/2025; Post-Op; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 04/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 05/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 06/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 04/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 4/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Elbow; 04/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Elbow; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Elbow; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 04/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 05/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 05/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/8/2025; Post-Op; Lower Leg selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 03/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 04/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 04/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 04/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 04/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 05/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 05/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 05/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 05/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 05/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 05/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 06/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 06/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 06/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 06/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 06/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 06/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 06/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 06/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 06/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 06-05-2025; Patient history in the past 90 days; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Second	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 4/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 5/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 5/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 04/01/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 04/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 05/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/14/2025; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 06/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 06/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/19/2025; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/22/2025; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/3/2025; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 5/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 5/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Body Part pass complete; Two Body Parts selected; Second Pass Starting; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 03/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 04/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 04/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 04/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 04/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 04/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 04/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 05/01/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 05/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 05/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 05/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 06/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 06/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 06/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 06/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 06/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/25/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 5/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 5/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 05/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 06/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 4/10/2025; Patient history in the past 90 days; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 4/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/29/2024; Post-Op; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Wrist; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Wrist; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 04/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 06/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 06/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hand; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hip/Pelvic; 05/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hip/Pelvic; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hip/Pelvic; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hip/Pelvic; 5/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hip/Pelvic; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 2/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 05/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 05/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 04/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 04/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/14/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 04/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 05/01/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 05/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 05/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 05/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 06/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 4/17/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 5/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 6/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Thoracic Spine/Chest; 05/01/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Thoracic Spine/Chest; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Thoracic Spine/Chest; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Thoracic Spine/Chest; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Thoracic Spine/Chest; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Knee; 4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 04/01/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 05/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 05/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 5/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 5/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 06/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Thoracic Spine/Chest request.; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Thoracic Spine/Chest; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Thoracic Spine/Chest request.; Three or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Elbow; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/14/2025; Post-Op; Wrist selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 04/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/28/2025; Post-Op; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Knee; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is not in options listed; 04/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/13/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 06/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 06/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip was	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Knee; 05/27/2025; Patient history in the past 90 days; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Knee; 06/09/2025; Patient history in the past 90 days; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Knee; 4/29/2025; Patient history in the past 90 days; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Knee; 5/14/2025; Patient history in the past 90 days; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Knee; 5/15/2025; Patient history in the past 90 days; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Knee; 5/28/2025; Patient history in the past 90 days; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; The evaluation date is not in the future; Physical or Occupational therapy was selected;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Knee; 6/13/2025; Patient history in the past 90 days; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the	44
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 4/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 04/21; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 04/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/08/2025; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; One Body Part selected; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 05/09/2025; Patient history in the past 90 days; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; Requestor is not a fax; Upper Extremity selected as the body type/region; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Speech Therapy was not selected; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 5/7/2025; Patient history in the past 90 days; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; Requestor is not a fax; Upper Extremity selected as the body type/region; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does	28
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Thoracic Spine/Chest; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 04/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 04/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 05/01/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/14/2025; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 05/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 05/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 05/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/08/2025; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/10/2025; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/13/2025; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 4/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 5/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/21/2025; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region;	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04-30-2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/31/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/07/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/11/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/27/2024; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/29/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/01/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/23/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/11/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/14/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/22/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/29/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/21/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Mild objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/10/2024; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/18/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/22/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/24/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/28/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Mild objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/02/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/11/2024; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/29/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/13/2025; Patient history in the past 90 days; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/01/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/28/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Mild objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/20/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/21/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/22/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/7/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/11/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Mild objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/15/2024; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/19/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Mild objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/15/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Severe	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/03/2025; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes	20
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best	28
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/31/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04-28-2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/01/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/12/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/17/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/01/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/01/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/01/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/01/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/22/2024; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/15/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/19/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/18/2025; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/22/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05-21-2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/5/2025; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/28/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	24
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	20
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	28
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	32
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	20
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Pregnancy related	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/24/2025; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	20
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/7/2025; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	24
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	24
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	24
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	20
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/6/2024; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	32
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/11/2025; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/14/2025; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	20
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/02/2024; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	20
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/21/2025; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	32
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated;	56
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated;	24
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated;	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/13/2024; Post-Op; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/23/2025; Post-Op; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/14/2025; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/23/2025; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; Post-Op or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/20/2025; Post-Op; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/06/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/03/25; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/17/2025; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; Post-Op or Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/3/2025; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/24/2025; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Speech Therapy was not selected; The evaluation date is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; The evaluation date is not in the future; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/3/2025; Post-Op; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; The evaluation date is not in the future; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/11/2024; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/1/2025; Patient history in the past 90 days; Body Part pass complete; Questions about your Head/Neck request;; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/14/2025; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/2/2025; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/5/2025; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/19/2025; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; The evaluation date is not in the future; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Speech Therapy was not selected; The evaluation date is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/7/2025; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Speech Therapy was not selected; The evaluation date is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Speech Therapy was not selected; The evaluation date is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Speech Therapy was not selected; The evaluation date is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05.18.2025; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/4/2025; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; Post-Op or Non-Surgical; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Speech Therapy was not selected; The evaluation date is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; The evaluation date is not in the future; The	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; OK; The members functional deficits are mild; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; Fracture selected as the body type/region; Body Part for first pass is Fracture; Three or more visits anticipated; The previous auth did not address any body parts; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or more visits anticipated; This is not a gold-card	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; Fracture selected as the body type/region; Body Part for first pass is Fracture; Three or more visits anticipated; The previous auth did not address any body parts; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or more visits anticipated; This is not a gold-card	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did	24
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did	20
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Three or more visits anticipated; The previous auth did not address any body parts; Moderate objective and functional deficits best	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes	20
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/31/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/01/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/15/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/28/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/22/25; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/11/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/01/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/06/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/16/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/22/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05-30-2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/09/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/10/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/27/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/21/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/8/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/25/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/18/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/25/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/20/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/27/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/9/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/11/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/14/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/16/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/31/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/7/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/25/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/28/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/17/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/9/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/13/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/14/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/11/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/2/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/12/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/5/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/28/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/4/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/22/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/2/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/5/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/9/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/23/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/6/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	16
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/28/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/13/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/21/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/20/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/6/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/15/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/20/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/3/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 04/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 04/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 05/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 05/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 05/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 05/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 3/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/26/2025; Post-Op; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or	20
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 04/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 05/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 05/21/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 06/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 06/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/22/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/3/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Second Pass check point; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Physical Therapy was requested; One visit anticipated; One visit anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; The health carrier is NOT Sunflower Health	12
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Physical Therapy was requested; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; The health carrier is NOT Sunflower Health	28

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Questions about the subsequent request: ; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 1 visit; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; Physical Therapy was requested; Three or more visits anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>Questions about the subsequent request: ;</p> <p>The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 1 visit;</p> <p>None of the above best describes the patient's presentation or goal of treatment; Physical Therapy was requested; Three or more visits anticipated</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Questions about the subsequent request: ; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 2 visits; Physical Therapy was requested; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; Three or more visits anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Questions about the subsequent request: ; The member is 7 years old or older.; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 2 visits; Physical Therapy was requested; Three or more visits anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04-24-2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/20/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/04/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/20/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/19/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/20/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/12/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/7/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/8/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/10/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/16/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/17/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/11/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/16/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/27/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/16/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/22/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/21/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/4/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/27/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/16/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/3/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/29/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/29/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/21/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/21/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/30/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/6/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/9/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/21/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/10/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/12/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/29/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/10/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/8/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/9/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/4/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/2/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/6/2025; Post-Op; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 05/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/20/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/27/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/31/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/12/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/09/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/10/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/11/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No</p>	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/08/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/30/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/22/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/06/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/29/25; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/06/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/08/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/28/25; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/20/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/24/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/28/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/28/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/31/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/9/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/18/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/10/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/15/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/15/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/18/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/4/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/25/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/16/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/7/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/3/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/3/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/9/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/20/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/13/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/14/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/30/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/17/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/7/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/22/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/8/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/17/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/21/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/28/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/11/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/5/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/5/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04-24-2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/12/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/9/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/5/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/9/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/22/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/10/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/12/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/15/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/18/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/12/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/27/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/4/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/3/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/4/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This is for Arthroscopy; This is for Arthroscopy; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/9/2025; Post-Op; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is not in options listed; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Elbow request: ; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 4/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Pelvis/Hip request: ; The anticipated number of</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 06/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request:</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 4/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Hand request: ; The anticipated number of</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 05/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Pelvis/Hip request: ; The</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 06/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The anticipated number of</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; The anticipated number of</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative;	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; Three or more visits	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Shoulder request: ; The anticipated number of</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Shoulder request: ; The anticipated number of	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Shoulder request: ; The anticipated number of</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Thoracic Spine/Chest request.; The</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/23/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/6/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/3/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily</p>	20
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 05/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 06/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request id for the Foot.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 04/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Pelvis/Hip request: ; The</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Pelvis/Hip request: ; The anticipated number of</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 06/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 04/22/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The anticipated</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The anticipated	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The anticipated</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/25/2025; Post-Op; Foot/Ankle selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Pelvis/Hip request: ; The</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; Foot/Ankle selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The anticipated number of</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 06/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 06/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/18/2024; Post-Op; Foot/Ankle selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; The anticipated number of</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/2/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative;</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; The anticipated number of</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; The anticipated number of</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected;</p>	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Shoulder request: ; The anticipated number of</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is not in options listed; 06/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Wrist request: ; The anticipated number of</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/13/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/14/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/21/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/22/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/20/25; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/02/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/7/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/31/2025; Patient history in the past 90 days; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/03/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/13/25; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/17/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/4/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/22/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/24/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/07/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/2/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/14/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	12
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/26/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/25/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/08/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/9/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily</p>	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 04/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The</p>	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The</p>	8
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		<p>This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The</p>	4
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle	4
Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes			4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		01/16/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		01/21/2025; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		02/13/2025; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		03/05/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		03/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		03/19/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		03/25/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		03/27/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		04/01/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		04/01/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		04/02/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; Mild functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		04/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		04/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/16/2024; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		04/10/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		04/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/30/2023; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		04/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/03/2024; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		04/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/29/2024; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		04/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/03/2024; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		04/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		04/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		04/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 7 years old or older.; Mild functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		05/08/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		05/09/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		05/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		05/15/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		05/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		05/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/11/2025; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		06/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		06/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/28/2024; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		06/05/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		06/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		06/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/07/2022; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		06/17/2025; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		06/18/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates more than 180 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		06/18/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		06/24/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/16/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		1/8/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		10/14/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		10/23/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		10/24/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		12/05/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/13/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/13/2025; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/3/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 3/15/2025; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		3/31/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 1/25/2025; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/17/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/17/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/19/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/27/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/1/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 7 years old or older.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/21/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/3/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/15/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	12
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/20/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/21/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/8/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/12/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 2/12/2025; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/4/2025; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/23/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/24/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/11/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/2/2025; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/28/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 2/28/2025; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 3/7/2025; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/24/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/4/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 07/13/2024; CVA is the selected condition; Date of onset is more than 4 months ago; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/10/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/8/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/8/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 3/12/2025; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/17/2024; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/12/2025; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/13/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/30/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/2/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 4/18/2025; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient does not require human assistance to dress, groom, feed and toilet self; The home program or equipment does not need to be updated; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/07/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; TBI is the selected condition; 4/16/2025; TBI is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/21/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/21/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/23/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 4/30/2025; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/28/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/29/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; Evaluation dates less than 180 days in the past; The health	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/21/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/6/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	8
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/6/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/10/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/27/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/27/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 6/2/2025; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/16/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/18/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Parkinsons is the selected condition; Parkinsons is the selected condition; Therapy type is Neuro Rehabilitative; The patient is unable to dress, groom and feed self without human assistance; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Physical or Occupational therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/10/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/23/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/12/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05.18.2025; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested; The	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/3/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	8
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	8
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/19/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/27/2025; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		9/30/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		<p>Body Part passes complete; 4/10/2025;</p> <p>No patient history in the past 90 days;</p> <p>Evaluation dates less than 90 days in the past; Non-Surgical;</p> <p>Three or more visits anticipated; Therapy type is Rehabilitative;</p> <p>Requestor is not a fax;</p> <p>Speech Therapy was not selected; The evaluation date is not in the future; The members functional deficits are moderate;</p> <p>The rehabilitation is NOT related to a diagnosis of cancer.;</p> <p>The rehabilitation is related to a diagnosis of Lymphedema.;</p> <p>Occupational Therapy was requested;</p> <p>Physical or Occupational therapy was selected; Physical</p>	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Hand; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Hand; Elbow selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe objective and functional deficits:</p>	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Shoulder; 03/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Wrist; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Wrist; Elbow selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Elbow; 4/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/4/2025; Post-Op; Hand selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Elbow; 6/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hand; 05/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/13/2025; Post-Op; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hand; 06/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hand; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hand; 4/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hand; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is not in options listed; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is not in options listed; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Shoulder; 06/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Shoulder; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 5/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/25/2025; Post-Op; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 04/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 06/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Elbow; 04/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 05/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 04/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; Three or more visits	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 4/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The requesting	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:: Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting;	16
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 03/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 04/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 04/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 06/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 3/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 06/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 4/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Elbow; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hand; 05/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hand; 06/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hand; 4/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 06/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 06/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/19/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/1/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 06/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 4/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Wrist; 04/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Wrist; 4/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/27/2025; Post-Op; Shoulder selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Wrist; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Wrist; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Elbow; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/09/2025; Post-Op; Wrist selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Elbow; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/01/2025; Post-Op; Wrist selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Elbow; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Elbow; Wrist selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/30/2025; Post-Op; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is not in options listed; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Shoulder; 04/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Wrist; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Wrist; 5/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Wrist; 6/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Second Pass check point; Body Part for second pass is not in options listed; 04/01/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Second Pass Starting; Requestor is not a fax; Moderate objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Second Pass check point; Body Part for second pass is not in options listed; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Occupational Therapy was requested; One visit anticipated; One visit anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; The health carrier is NOT Sunflower Health	12
Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Occupational Therapy was requested; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; The health carrier is NOT Sunflower Health	12

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 02/10/2025; Patient history in the past 90 days; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does	20
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 04/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 05/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/6/2025; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/8/2025; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 4/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 4/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/17/2025; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/16/2025; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/3/2025; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/4/2025; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 6/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/9/2025; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region;	8
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 2/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/29/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 3/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/19/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/28/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/10/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/2/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/21/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/11/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/14/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/17/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/19/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	8
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/13/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/31/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/3/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/18/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/27/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/11/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/27/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/14/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/23/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/3/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/22/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/20/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/23/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/9/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/14/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/5/2025; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation;	12
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region;	12
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic	8
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Speech Therapy was not selected; The	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/03/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/13/2025; Post-Op; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/21/2025; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; Post-Op or Non-Surgical; The	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Speech Therapy was not selected; The evaluation date is not in the future; The	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; Lower Leg selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The Pelvis/Pelvic Floor is being treated.; The	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance;	8
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes	8
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/06/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/21/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/09/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/12/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	8
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/15/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/29/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/20/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 03/07/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 05/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 06/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 06/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 06/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/18/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 1/20/2025; Patient history in the past 90 days; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/24/2024; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 4/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/17/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/01/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 4/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/16/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/23/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/12/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/29/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 5/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/06/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 5/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/9/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 5/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/2/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 5/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/21/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 6/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/11/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/3/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 6/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/11/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 6/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/10/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 6/3/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/7/2025; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Three or	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient	16
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region;	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Second Pass check point; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Speech Therapy was not	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Second Pass check point; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Speech	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Second Pass check point; 5/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Speech Therapy was not	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Questions about the subsequent request: ; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 2 visits; Occupational Therapy was requested; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; Three or more visits anticipated	8
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		There is a particular clinical reason why the exam is being performed at this facility.; closer to patient.; 03/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative;	4
Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	12

Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' describes the headache's character.; Headache best describes the reason that I have requested this test.	4
Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	12

Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	8
Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	4
Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Physical Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	4
Physical Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	4
Physical Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	4

Physical Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4
Physical Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Physical Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4
Physical Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; 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.	4

Physical Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has fatigue or malaise	4
Physical Medicine	Disapproval	70554 Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; This is a request for a Thorax (Chest) CT.; This study is being ordered for work-up for suspicious mass.	4

Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there is radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; This is a request for a Chest CT.; This study is being ordered for follow up trauma.; The study is being ordered for none of the above.	4
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Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	4

Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	4
Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; This study is being ordered for known tumor.	4
Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Physical Medicine	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	4

Physical Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for 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.	4
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Physical Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; It is not known if there is x-ray evidence of a lumbar recent fracture.	4
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Physical Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.	4
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Physical Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.	4
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Physical Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have 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.	4
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Physical Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4

Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4

Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	4

Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	8
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a new onset or changing radiculitis / radiculopathy; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.	4

Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This 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.	8
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	4

Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This 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	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This 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	8
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This 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	20

Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	40

Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4

Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4

Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	4
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	8

Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4
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Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; There is pain noted when neck is flexed anteriorly.	4
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Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary		4

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	4

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	104
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	24

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	8
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	12
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	8

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	32
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
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Physical Medicine	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4

Physical Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was medications.; The pain is musculoskeletal	4
Physical Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Physical Medicine	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	4
Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is 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.	4
Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is 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.	4

Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	4
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Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received medication other than joint injections(s) or oral analgesics;	4
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Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	8
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Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	4
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Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	4
Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	4

Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.	4
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Physical Medicine	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is for pre-operative planning; The patient has documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint; The ordering MDs specialty is not Surgery; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is a history (within the last six months) of significant	4
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Physical Medicine	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is NOT for pre-operative planning; The patient does not have a documented limited range of motion; The patient has not used a cane or crutches for greater than 4 weeks; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint; There is NOT a suspected infection of the hip. ; There is NOT a suspicion of AVN. ; There is NOT a history (within the last six months) of significant trauma, dislocation, or	4
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Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	8
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	4

Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Neoprene knee sleeve; The ordering MDs specialty is NOT Orthopedics.	4
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	8

Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	4
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
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Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary		4
Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	4

Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	4
Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is not for hip pain.; The study is for a mass, tumor or cancer.	4
Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8

Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Physical Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.	4

Physical Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.	4
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Physical Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are 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.	4
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Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
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Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.	4

Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.	4
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	8

Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	8

Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	8

Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Physical Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Physical Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Physical Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 02/20/2025; Neuro Rehabilitative; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The patient recently suffered either a CVA or TBI; 02/21/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; Speech Therapy was requested; The health	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 03/27/2024; Neuro Rehabilitative; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The patient recently suffered either a CVA or TBI; 2/17/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was 6-12 months ago; The primary condition is Cognitive linguistic Impairment; Speech	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 1/2/2025; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 2/4/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Aphasia/Apraxia; The patient has not recently suffered either a CVA or TBI; 6/6/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 3/24/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; 4/14/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognitive Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 06/23/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognitive Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 3/19/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognitive Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 6/5/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Voice; The patient has not recently suffered either a CVA or TBI; 06/04/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Voice; The patient has not recently suffered either a CVA or TBI; 4/3/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Voice; The patient has not recently suffered either a CVA or TBI; 5/5/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was selected; The primary condition is Voice; The patient has not recently suffered either a CVA or TBI; 6/20/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.;	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; 08/16/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; 11/15/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 4-6 years old; 03/25/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient's plan of care includes treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families;	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 4-6 years old; 11/08/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient's plan of care includes treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families;	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 4-6 years old; 3/6/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient's plan of care does NOT include treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families;	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is other; 04/14/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation dates less than 270 days in the past; The	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is other; 07/11/2024; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation dates less than 270 days in the past; The	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 01/17/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested; The	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 02/06/2025; The evaluation date is not in the future; One visit anticipated; Habilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation dates less than 270 days in the past; The health carrier is NOT	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 04/10/2024; The evaluation date is not in the future; Two visits anticipated; Habilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation dates less than 270 days in the past; The health carrier is NOT	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 05/02/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested; The	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 06/24/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested; The	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 02/27/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 05/17/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 06/03/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 09/04/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	8
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 11/13/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 12/13/2023; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 6/20/2022; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; 9/12/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; 04/16/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; 3/3/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; 4/14/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; 8/14/2024; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	The condition being treated is language or articulation; The member is 0-3 years old; Questions about the subsequent request: ; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 2 visits; Speech Therapy was requested; Moderate to severe functional deficits supported by standardized assessments; Three or more visits anticipated	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	The condition being treated is language or articulation; The member is 4-6 years old; Questions about the subsequent request: ; The patient's plan of care does NOT include treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 2 visits; Speech Therapy was requested; Moderate to severe functional deficits supported by standardized assessments; Three or	4
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Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	The condition being treated is other; Questions about the subsequent request: ; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; Speech Therapy was requested; Three or more visits anticipated	4
Physical Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	8

Physical Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	8
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Physical Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	4
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Physical Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	4
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Physical Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; It is unknown when other cardiac stress testing was completed; Congestive heart failure best describes the reason for ordering this study; This is NOT a WellCare Medicare member.	4
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Physical Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
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Physical Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>There are 2 exams are being ordered.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Physical Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Physical Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	4
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary		40

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/02/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/08/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/16/2025; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/16/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/20/2025; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/22/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/28/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/30/2025; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/03/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/04/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/05/2025; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/05/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/06/2025; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/13/2025; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/17/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/18/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/26/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/27/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/28/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/03/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/05/2025; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/05/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/06/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates more than 180 days in the past; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/11/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	20
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/17/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Spinal Cord Injury (SCI) is the selected condition; 01/31/2024; Date of onset is more than 6 months ago; The patient does not require human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; There has not been an increase in the frequency of falls; The home program or equipment does not need to be updated; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/18/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/19/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/25/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/26/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/31/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03-25-2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/01/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/02/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/07/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/08/2025; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/08/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/09/2025; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/10/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 03/09/2025; Date of onset is within the last 4 months; The patient does not require human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/15/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/16/2025; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/16/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/18/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/23/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/24/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/25/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/28/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/29/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/30/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/30/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04-09-2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/05/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/06/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/07/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/08/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/09/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/13/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/13/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/15/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/16/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/19/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/21/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/27/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/28/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/29/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/30/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates more than 180 days in the past; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/02/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/03/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/04/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/04/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/06/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/09/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/12/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/16/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/17/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/18/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates more than 180 days in the past; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/18/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/20/2025; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/23/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/25/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/26/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07/08/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/02/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/13/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/25/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/15/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 4/8/2022; Date of onset is more than 4 months ago; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/16/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/22/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/23/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/28/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/29/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/30/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/31/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/6/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	1/9/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/08/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/15/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/21/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/21/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/24/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/28/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/05/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/06/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/07/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/08/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/13/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/13/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/19/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/26/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/30/2024; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/30/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/31/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/11/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/21/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/25/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/27/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/28/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/3/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/4/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/6/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	2/7/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/11/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/12/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/14/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/17/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/19/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/21/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/26/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/27/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/28/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/3/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/31/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/4/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	3/5/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/1/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/10/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/10/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/11/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	24
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/12/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/14/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	32
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/15/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/15/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/16/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/17/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/18/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/2/2025; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/2/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/21/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	32
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/22/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/23/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	20
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/24/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/25/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/28/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Multiple Sclerosis is the selected condition; Therapy type is Neuro Rehabilitative; Requestor is not a fax; No increase in falls or decline in independence has occurred.; Physical Therapy was requested; The patient is able to walk and/or transfer without human and/or assistive device; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/29/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/3/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/30/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	20
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/4/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	28
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/7/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/7/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 07/13/2024; Date of onset is more than 4 months ago; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/8/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 3/12/2025; Date of onset is within the last 4 months; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; CVA is the selected condition;	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	4/9/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/1/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	24
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/12/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	24
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/13/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	24
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/14/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	20
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/15/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/16/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/19/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/2/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/21/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/22/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	20
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/23/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/27/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/28/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/29/2025; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/29/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/5/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	20
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/6/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/7/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/7/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/9/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/10/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/11/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	20
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/12/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/13/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/16/2025; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/16/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/17/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/18/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/18/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/2/2025; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/2/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/23/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/23/25; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/24/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/3/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/4/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/5/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/6/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	6/9/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	16
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/27/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; Wound/Burn Care selected as the body type/region; Body Part for first pass is Wound/Burn Care; OK; The members functional deficits are moderate; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beingn	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The Pelvis/Pelvic Floor	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 5/13/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting;	32
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; Lower Leg selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments with	16
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 05/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Speech	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; One Body Part selected; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 4/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Lower Extremity/Hip was selected as the first body type/region; Head/Neck selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the	284
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	16
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	24
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 04/04/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 05/19/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 3/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 4/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; One Body Part selected; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 4/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 5/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply;	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility);	16
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; One Body Part selected; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does	240
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	20
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region;	16
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 2/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Mild objective	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/15/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; Hip/Pelvis selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Second Pass Starting; The hip is beign treated.; Moderate objective and	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 06/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/02/2024; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Shoulder; Hip/Pelvis selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beingn	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Shoulder; Hip/Pelvis selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Second Pass Starting; The hip is beingn treated.; Severe objective and functional deficits:	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes	24
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 2/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/5/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 6/4/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/1/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 04/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 05/05/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/17/2025; Post-Op; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 3/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to lumbopelvic	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated;	56
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated;	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated;	88
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/10/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/21/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/11/2025; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/2/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/21/2024; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/23/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Head/Neck request:; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild or moderate functional deficits due to cervical	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Head/Neck request:; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to cervical impairments with or without distal symptoms best	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild or moderate functional deficits due	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments with distal symptoms best	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to cervical impairments with or without distal symptoms best	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; Cardiopulmonary Rehab selected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; OK; The members functional deficits are mild; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did	20
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did	24
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated;	20
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/02/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/31/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/6/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/28/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/20/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Shoulder; Thoracic Spine/Chest selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to thoracic/lumbar	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region;	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Physical Therapy was requested; One visit anticipated; One visit anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; The health carrier is NOT Sunflower Health	16
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Physical Therapy was requested; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; The health carrier is NOT Sunflower Health	20

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Questions about the subsequent request: ; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 1 visit; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; Physical Therapy was requested; Three or more visits anticipated	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Questions about the subsequent request: ; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 2 visits; Physical Therapy was requested; Mild functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; Three or more visits anticipated	12
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Questions about the subsequent request: ; The member is 7 years old or older.; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 2 visits; Physical Therapy was requested; Three or more visits anticipated	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/27/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/19/2025; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected;	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Foot/Ankle selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting;	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily	8
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request id for the Foot.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/3/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/5/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/7/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/17/2025; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily	16
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower	16
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two	4
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two	8
Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary		12

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	01/16/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	01/22/2025; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	01/29/2025; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	02/12/2025; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	03/19/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	03/20/2025; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	03/28/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	04/08/2025; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	04/10/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	04/14/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 03/09/2025; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient does not require human assistance to dress, groom, feed and toilet self; The home program or equipment does not need to be updated; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does	8
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	04/16/2025; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	04/25/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.;	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	04/25/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	04/28/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates less than 180 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	05/07/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	05/08/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.;	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	05/19/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	05/21/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	05/30/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates more than 180 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	06/03/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	06/09/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	12
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	06/17/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	06/24/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.;	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	07/18/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	07/19/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	08/08/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.;	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	08/22/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	1/27/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	1/30/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	10/03/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	10/10/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	10/28/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates more than 180 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	11/07/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.;	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	11/14/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	8
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	11/20/2024; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	12/23/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	2/10/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	2/13/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	2/24/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	2/4/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	8
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	3/17/2025; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	3/18/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	3/25/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	3/26/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	3/31/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	4/10/2025; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates less than 180 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	4/10/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	8
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	4/22/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health;	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	4/23/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	12
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	4/7/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	4/8/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 07/13/2024; CVA is the selected condition; Date of onset is more than 4 months ago; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested;	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	4/8/2025; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	4/8/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	8
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	4/9/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 3/12/2025; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested;	8
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	5/13/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	8
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	5/15/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	5/19/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	5/20/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	5/28/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	5/7/2025; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	5/7/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	5/8/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	6/11/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	6/3/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	6/9/2025; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	8/20/2024; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.;	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	9/12/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; Wound/Burn Care selected as the body type/region; Body Part for first pass is Wound/Burn Care; OK; The members functional deficits are moderate; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Hand; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Hand request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe objective and functional deficits:	8
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting;	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 5/28/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/09/2025; Post-Op; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits:	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Occupational Therapy was requested; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; The health carrier is NOT Sunflower Health	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 03/24/25; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip was	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 04/30/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does	80
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	12
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	8
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Shoulder; Elbow selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Severe objective and functional deficits:	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/11/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/26/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation;	12
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region;	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 06/16/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 06/09/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 4/17/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to cervical impairments with or without distal symptoms best	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/24/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/22/2025; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/18/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient	8
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region;	4
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Questions about the subsequent request: ; The member is 7 years old or older.; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 1 visit; Occupational Therapy was requested; Three or more visits anticipated	4
Plastic Surgery	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is suspicion of a bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	8

Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	12
Plastic Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; It is not known if the patient has been diagnosed with cancer.	4

Plastic Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.	4
Podiatry	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	8

Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; There is not a history (within the past 6 weeks) of significant trauma, dislocation, or injury to the foot.; It is unknown if there is a suspected tarsal coalition.	4
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; There is not a history (within the past 6 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 2 weeks.; The patient has a documented limitation of their range of motion.	4

Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	4
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is a suspected tarsal coalition; There is NO history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	4

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		"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.; fractures of bilateral ankle; This is a request for a bilateral ankle MRI.	8
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		"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 a bilateral ankle MRI.	8
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.	12

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	8

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; Surgery is planned in the next 30 days.; A biopsy has NOT been completed.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a post op.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is not planned for within 30 days.; This study is being ordered for assessment of a known fracture fragment.	4

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered 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 walking cast for at least 4 weeks.	4

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a walking cast for at least 6 weeks.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered 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.	8

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for 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.	4

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for tendonitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection, suspected fracture, known fracture, pre op, post op or a known/palpated mass.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The member has surgery planned.	4

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The study is for a mass, tumor or cancer.	12
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.	8
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	16
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	4

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.	4

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is 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.	8
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	8
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	4
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; No treatments are underway or completed.	4

Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	4
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered 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.	4

Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered 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 anti-inflammatory medication for at least 6 weeks.	4
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is 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 orthotics for at least 6 weeks.	4
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; It is not known if the study is requested for ankle pain.; The study is not requested for any of the standard indications for Knee MRI	4

Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	40
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	4

Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	12
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	8

Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	8
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Preventive Medicine	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
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Preventive Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	4
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Preventive Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Preventive Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Preventive Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Psychiatry	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4
Psychiatry	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The headache's character is unknown.; Headache best describes the reason that I have requested this test.	4

Pulmonary Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.	4
Pulmonary Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4

Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4

Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material			12

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	8
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	76
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	232

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; An abnormal imaging (xray) finding 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).	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		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).	4

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.	32
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis 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	4

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.	12
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.	16
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.	4

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		Surgery is scheduled within the next 30 days.; The patient is having an operation on the chest or lungs.; This is a request for a Chest CT.; This study is being ordered for a pre-operative evaluation.; The study is being ordered for none of the above.	4

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	8
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Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	8
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Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of mediastinal widening.; This is a request for a Chest CT.; This study is being ordered for vascular disease other than cardiac.	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	32
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		They did not have a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	8

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	56
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; 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 screening of lung cancer.	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient is 49 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 screening of lung cancer.	8

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		<p>This is a request for a Chest CT.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.</p>	4
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Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient is between 50 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; This study is being ordered for screening of lung cancer.	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial Lung Disease is suspected; The chest x-ray was abnormal	8

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial Lung Disease is suspected; The chest x-ray was normal; A PFT (Pulmonary Function Test) has been completed that shows restrictive lung disease	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; The Interstitial Lung Disease is known	20
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	76
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	108

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	20
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	56
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has NOT been completed	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; It is unknown if there is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	52
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.	8
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for this request.; 'None of the above' led to the suspicion of infection; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).	4

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for known tumor.	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis</p>	4
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Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	4
Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	12

Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; It is unknown if the pack year (PPY) is documented in the patient's chart.</p>	4
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Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.</p>	52
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Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.</p>	192
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Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient is 78 years old or older.</p>	4
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Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; It is unknown how many pack years the patient has smoked.; The patient is between 50 and 77 years old.; The pack year (PPY) is</p>	4
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Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is a Medicare member.;</p> <p>The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.;</p> <p>The patient is between 50 and 77 years old.;</p> <p>The pack year (PPY) is documented in the</p>	4
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Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 10 to 19 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	4
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Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	40
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Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	140
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Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probability score.	4
Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; The patient does NOT have an elevated D-dimer blood test.	4

Pulmonary Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Pulmonary Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4
Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4

Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient does NOT have a current or past history of diagnosed cancer.	16
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	8

Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	32
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4

Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	16
Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	4

Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	4
Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	12

Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies</p>	4
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Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	4
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Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.;</p>	4
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Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	20
Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms is unknown; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	4
Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	4

Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	4
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Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	24
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Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago</p>	4
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Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.;</p> <p>A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	4
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Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	12
Pulmonary Medicine	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	4

Pulmonary Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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Pulmonary Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
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Pulmonary Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	4
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	4
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; 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).	4

Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	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 (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4
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Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of mediastinal widening.; This is a request for a Chest CT.; This study is being ordered for vascular disease other than cardiac.	8
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	They did not have a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4

Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; 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 screening of lung cancer.	4
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial Lung Disease is suspected; The chest x-ray was abnormal	4
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; The Interstitial Lung Disease is known	4
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	28

Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	4
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	8
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has NOT been completed	4
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4

Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	8
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
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Pulmonary Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	4
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Pulmonary Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	12
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Pulmonary Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	4
Pulmonary Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Pulmonary Medicine	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Pulmonary Medicine	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	This is a request for a CT scan for evaluation of coronary calcification.	4

Pulmonary Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	4
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Pulmonary Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac</p>	4
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Pulmonary Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	4
Radiation Oncology	Approval	70450 Computed tomography, head or brain; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	8

Radiation Oncology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known brain tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.	4
Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	16
Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	4
Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	4

Radiation Oncology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metastasis	4
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			4
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	4

Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<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.; 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</p>	4
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Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<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.; 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</p>	4
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Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<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.; 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</p>	4
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Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	96
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Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has 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.	4
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	4

Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Restaging during ongoing 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	4
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		'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	8

Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.	4
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	8
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	4

Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	12
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	4
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	40
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for known tumor.	4
Radiation Oncology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	4
Radiation Oncology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	4

Radiation Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The ordering MDs specialty is Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	4
Radiation Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	4
Radiation Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	4

Radiation Oncology	Approval	72192 Computed tomography, pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is for Follow Up; The reason for the study is known tumor.	4
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for follow-up for active treatment.	12

Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for initial staging.	4
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer is known; This is being requested for a condition not listed.	8

Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer is known; This is being requested for Remission/Surveillance .	8
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Initial staging; The ordering provider's specialty is Radiation Oncology	12

Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; It is unknown if previous diagnostic imaging has been previously conducted.; The patient's cancer is known; This is being requested for initial staging.	4
Radiation Oncology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is for Follow Up; The reason for the study is known tumor.	4
Radiation Oncology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4

Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	4
Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	4
Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	4

Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	8
Radiation Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for initial staging.	4

Radiation Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	4
Radiation Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for Remission/Surveillance .	4
Radiation Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body		The patient has a current or past history of diagnosed cancer.	4

Radiation Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; Cancer is the primary reason for this study.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Breast cancer.	4
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	12

Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Breast cancer.	4
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Head/Neck cancer.	4

Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	12
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 3 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4

Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has another type of cancer not listed.	4
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with PSMA.	4

Radiation Oncology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation ,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	4
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Radiation Oncology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	4
Radiation Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'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	8

Radiation Oncology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for initial staging.	4
Radiation Oncology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer is known; This is being requested for Remission/Surveillance .	4
Radiation Oncology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	4

Radiology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	4
Radiology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	12
Radiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for post-procedural evaluation; The ordering provider's specialty is NOT Vascular Surgery, Neurological Surgery or Surgery; Other was performed	4

Radiology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4
Radiology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	4
Radiology	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	12

Radiology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.</p>	12
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Radiology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	4
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Radiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4
Radiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4

Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
Radiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	8
Radiology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary		4

Radiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary		4
Radiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4
Radiology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Other not listed best describes the reason for this procedure	4
Rehabilitations	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4

Rehabilitations	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	8
Rehabilitations	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate	4
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Rehabilitations	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Rehabilitations	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	4

Rheumatology	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		This is a request for a Temporomandibular Joint (TMJ) MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; This study is being ordered for evaluation of a dysfunctional temporomandibular joint (TMJ).; The conservative therapy included treatment with a bite block or splint.; The patient failed a course of anti inflammatory medication.	4
Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	8
Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.	4

Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Another abnormality was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.	4
Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4

Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; The Interstitial Lung Disease is known	4
Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	4
Rheumatology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	4

Rheumatology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4
Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Something other than listed has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4

Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is not listed.	4

Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; An ultrasound is the only has been previously conducted.; The pain is in the Lower abdomen	4
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was medications.; The pain is musculoskeletal	8
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; None of the above best describes the reason for this procedure	4

Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was medications.; The pain is musculoskeletal	4
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Persistent pain best describes the reason for this procedure; The patient has not had any conservative treatment.; The pain is musculoskeletal	4
Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	8

Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	4
Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	4

Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	4

Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.</p>	4
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Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a 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 anti-inflammatory medication for at least 6 weeks.	4
Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	4

Rheumatology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body			4
Rheumatology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4

Rheumatology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	4
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Rheumatology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	4
Rheumatology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	8

Rheumatology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	4
Rheumatology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	4
Rheumatology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary		4
Rheumatology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; It is unknown if there is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4

Rheumatology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago	4
Rheumatology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4
Rheumatology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4

Rheumatology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	12
Rheumatology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	4
Rheumatology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4

Rheumatology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4
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Rheumatology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Rheumatology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4
Rheumatology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Rheumatology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	4

Rheumatology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>There are 4 exams are being ordered.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4
Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4
Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	8

Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago	4
Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4

Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is infection based on symptoms.	4
Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Other not listed best describes the reason for this procedure	4
Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; The most recent type of conservative treatment completed was medications.; The pain is musculoskeletal	4

Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
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Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
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Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
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Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	4
Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4
Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	4

Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	12
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Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
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Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	4
Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for 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.	4

Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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Rheumatology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</p>	4
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Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	4
Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4

Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Sports Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4

Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	4
Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	8

Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4
Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Sports Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.	4
Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or 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.	4

Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	4
Sports Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; There is a history (within the past 6 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 2 weeks.; The patient has a documented limitation of their range of motion.	4

Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered for routine follow up.	4
Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	20

Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	8
Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4

Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
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Sports Medicine	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
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Sports Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	4
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Sports Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Sports Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for 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.	4

Sports Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4
Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4

Sports Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was inconclusive; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	4
Sports Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	4
Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4

Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4
Surgery	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is not a history of serious head or skull, trauma or injury.; There is suspicion of a neoplasm or metastasis.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4
Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.	4

Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8
Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	8
Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	8
Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.	4

Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is Surgery	4
Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Surgery	Approval	71250 Computed tomography, thorax; without contrast material		"There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; This is a request for a Thorax (Chest) CT.; This study is being ordered for work-up for suspicious mass.	4
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	4
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4

Surgery	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	4
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Surgery	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4
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Surgery	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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Surgery	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	4
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Surgery	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	32
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Surgery	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	4
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4

Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	8
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	4
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	4
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Surgery	Approval	71250 Computed tomography, thorax; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began</p>	4
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Surgery	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	4
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Surgery	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	4
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Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; The trauma or injury did NOT occur within the past 72 hours.; It is not known if the pain began within the past 6 weeks.; This is a Medicare member.	4
Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	4

Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Known or Suspected Infection or abscess; There is no laboratory or x-ray evidence of osteomyelitis.; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or discitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.	4

Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4
Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		It is not known if there is 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 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 is a known pelvic	4
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Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; The surgery being considered is NOT a hip replacement surgery.	16
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Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered because of a suspicious mass/tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	4
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	16

Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	12
Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for suspected metastasis.	4
Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer status is unknown	4

Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; The patient has Endometriosis.; The patient had a previous CT scan.	4
Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for follow-up for active treatment.	8
Surgery	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	12

Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	4
Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	4
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4

Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	4
Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	4

Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4
Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	4
Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	4

Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is NOT being planned nor has one already been performed.	4
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material			4
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; This is NOT a Medicare member.	8

Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; This is NOT a Medicare member.	8
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.	8

Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is a Medicare member.	4
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.	4

Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.	4
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	4

Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is 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.	4
Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	4
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	4
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	32
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	4
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; 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.	4
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.</p>	4
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.</p>	4
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	48

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; 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.	4
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 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.</p>	4
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.</p>	4
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is not an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: Vascular disease (system matched response); hematoma; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	8

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	32

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	100
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is 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 study NOT being ordered for a</p>	4
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.</p>	4
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; 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.; A pelvic exam was NOT performed.; The patient is Female.	4

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	8
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	12

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	12
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	24

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam are unknown.; The patient is Female.	8
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	12
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	4
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	16

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	44
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Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began</p>	4
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Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT scan and ultrasound have been previously conducted.; Bile duct stone best describes the reason for this procedure.; Prior imaging showed normal sized bile ducts.	4
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Surgery.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	4

Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	4
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	4
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is fistula.	4

Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering provider's specialty is Surgery.; Post-procedure evaluation best describes the reason for this procedure.; The part of the abdomen involved is bowel.; The patient had surgery.; The surgery or ablation was 3 months ago or less.	4
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering provider's specialty is Surgery.; Post-procedure evaluation best describes the reason for this procedure.; The part of the abdomen involved is other not listed.; The patient had surgery.; The surgery or ablation was 3 months ago or less.	4

Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The procedure is planned within the next 6 months or less; The ordering provider's specialty is Surgery.; Pre-procedure evaluation best describes the reason for this procedure.; The patient will have surgery.; The part of the abdomen involved is the liver.	4
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	4

Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is Surgery; This procedure is being requested for post-procedural evaluation	4
Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The results of the study are unknown	4
Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was normal	4

Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This is being requested for a condition not listed.; This study is being ordered for a history known of breast cancer.	4
Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This is being requested for initial staging.; The mammogram results were abnormal.; This study is being ordered for a history known of breast cancer.	4
Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This study is being ordered for known or suspected breast lesions.	4

Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The patient does NOT have a lifetime risk score of greater than 20.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; The patient has a family history of breast cancer.; The patient has a BI-RADS score of 2.; This study is being ordered as a screening examination.	4
Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The patient has a lifetime risk score of greater than 20.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; The patient has a family history of breast cancer.; This study is being ordered as a screening examination.	12

Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	4
Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.	4
Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	4

Surgery	Approval	78813 Positron emission tomography (PET) imaging; whole body		The patient has a current or past history of diagnosed cancer.	4
Surgery	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	8

Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Breast cancer.	4
Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	12

Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	4
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Surgery	Approval	93307 Tte W/O Doppler Complete		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Medications were given for this diagnosis</p>	4
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Surgery	Approval	93350 Stress Tte Only		<p>This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations</p>	4
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Surgery	Approval	93350 Stress Tte Only		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis</p>	4
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Surgery	Approval	S8037 Magnetic Resonance Cholangiopancreatography		<p>This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; It is not known if MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; "The patient is not an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that ERCP is unsafe or</p>	4
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Surgery	Approval	S8037 Magnetic Resonance Cholangiopancreatography		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.	4
Surgery	Approval	S8037 Magnetic Resonance Cholangiopancreatography		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has undergone unsuccessful ERCP and requires further evaluation.	4

Surgery	Approval	S8037 Magnetic Resonance Cholangiopancreatography		This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Surgery	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8

Surgery	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	8
Surgery	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4
Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	4

Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.	4
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Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago	4
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Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4
Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for known tumor.	4
Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	4

Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8
Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	8
Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4

Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4

Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4
Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Surgery	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4

Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; No prior imaging was conducted; The patient's cancer is known; This is being requested for initial staging.	4
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Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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Surgery	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for 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.	4
Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.	4

Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for 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	4
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Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary		4

Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago	4
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Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4
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Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.	4
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Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	4

Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	12
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Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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.; Reason: ELSE (system matched response); Hernia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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.; Reason: ELSE (system matched response); PATIENT HAS PERIANAL PAIN FROM ENLARGED HEMORRHOIDS; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4

Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	12
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4

Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; The patient is Male.	4
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Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	8
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	8

Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	12
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	4

Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	8

Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Surgery.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	4
Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Other not listed best describes the reason for this procedure.	4

Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Surgery	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This is being requested for a condition not listed.; This study is being ordered for a history known of breast cancer.	4

Surgery	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This study is being ordered for known or suspected breast lesions.	4
Surgery	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	16
Surgical Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Surgical Oncology	12
Surgical Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	4

Surgical Oncology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metastasis	4
Surgical Oncology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; This is a request for a Thorax (Chest) CT.; This study is being ordered for work-up for suspicious mass.	4

Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	8
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		It is unknown if surgery is scheduled within the next 30 days.; The patient is having an operation on the chest or lungs.; This is a request for a Chest CT.; This study is being ordered for a pre-operative evaluation.; The study is being ordered for none of the above.	4
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	8

Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	12
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	4
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Surgical Oncology	12

Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; This is a request for a Chest CT.; This study is being ordered for follow up trauma.; The study is being ordered for none of the above.	4
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	16
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	4

Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Surgical Oncology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	4

Surgical Oncology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.</p>	4
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Surgical Oncology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	4
Surgical Oncology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for a known tumor.; The patient is undergoing active treatment for cancer.; This is a request for a chest MRI.	4

Surgical Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; Other imaging has been previously conducted.; The patient's cancer is suspected	4
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	8
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	12

Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	4
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Surgical Oncology	4
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.	4

Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Surgical Oncology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	4
Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or Capital Blue Cross.; This is being requested for surveillance.; The patient has a high risk for new cancer or recurrence.; This study is being ordered for a history known of breast cancer.	4

Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.	4
Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body			4
Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	4
Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has another type of cancer not listed.	4

Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Prostate cancer.	4
Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4

Surgical Oncology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	4
Surgical Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Surgical Oncology	4
Surgical Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; '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 study is being requested for known cancer or tumor	4

Surgical Oncology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	4
Surgical Oncology	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	4

Thoracic Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via BBI.; The procedure is planned in 6 months or less; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT Vascular Surgery, Neurological Surgery or Surgery	4
Thoracic Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is NOT demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis; The patient is presenting with new symptoms of bowel or bladder dysfunction.	4

Thoracic Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	4
Thoracic Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	4

Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis 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	4
Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4
Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4
Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	4

Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	4
Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		There are 3 exams are being ordered.; The ordering MDs specialty is Thoracic Surgery	4
Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	4

Thoracic Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is NOT demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis; The patient is presenting with new symptoms of bowel or bladder dysfunction.	4
Thoracic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		There are 3 exams are being ordered.; The ordering MDs specialty is Thoracic Surgery	4
Thoracic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4

Thoracic Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
Thoracic Surgery	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)		There are 3 exams are being ordered.; The ordering MDs specialty is Thoracic Surgery	4

Thoracic Surgery	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource</p>	4
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Thoracic Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has another type of cancer not listed.	4
Thoracic Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	4
Thoracic Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4

Thoracic Surgery	Approval	93307 Tte W/O Doppler Complete		<p>This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed</p>	8
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Thoracic Surgery	Approval	93350 Stress Tte Only		<p>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.;</p> <p>This is a Medicare member.;</p> <p>The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%);</p> <p>The ordering MDs specialty is not Cardiology or Cardiac Surgery</p>	4
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Thoracic Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Surgery is scheduled within the next 30 days.; The patient is having an operation on the chest or lungs.; This is a request for a Chest CT.; This study is being ordered for a pre-operative evaluation.; The study is being ordered for none of the above.	4
Thoracic Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	8

Thoracic Surgery	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	4
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Thoracic Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Thoracic Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Thoracic Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probability score.	4

Thoracic Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary		4
Thoracic Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Thoracic Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Thoracic Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4
Thoracic Surgery	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	4
Thoracic Surgery	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	4

Thoracic Surgery	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
Thoracic Surgery	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	4

Thoracic Surgery	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	4
Thoracic Surgery	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	16

Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected subarachnoid hemorrhage best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	8

Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	4
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Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	24
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	8

Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	4

Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; 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.	8
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	4

Unknown	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is a history of serious head or skull, trauma or injury.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	8
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Unknown	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is not suspicion of a bone infection, cholesteatoma or inflammatory disease.; There is not a history of serious head or skull, trauma or injury.; There is no suspicion of a neoplasm or metastasis.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of an acoustic neuroma, pituitary or other tumor.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4
Unknown	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is suspicion of a bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	16

Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	8
Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	4
Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	4

Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.	8
Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; 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 patient had 1 course of antibiotic treatment.	4

Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		<p>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); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.</p>	20
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Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient has NOT attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	4
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	16
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.	4

Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.	4
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	4

Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.	4
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.	8
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.	4

Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	12
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	8
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	16

Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing			4
Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Aneurysm screening with 2 or more first degree family members having an aneurysm best describes the clinical indication for requesting this procedure	4
Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Vascular abnormalities best describes the clinical indication for requesting this procedure	4

Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure	4
Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4
Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
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Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
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Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing			4

Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Asymptomatic with abnormal ultrasound showing severe stenosis (70% or more) best describes the clinical indication for requesting this procedure	4
Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent stroke or TIA (transient ischemic attack) best describes the clinical indication for requesting this procedure	12

Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Symptomatic with abnormal ultrasound showing moderate stenosis (50% or more) best describes the clinical indication for requesting this procedure	8
Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4

Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for a neurological disorder.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Medications were given for this diagnosis</p>	4
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Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
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Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		<p>This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT</p> <p>Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	4
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Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
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Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This is a request for a Face MRI.; There is a history of orbit or face trauma or injury.	4
Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	4

Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	16

Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; It is unknown if there has been a recent (less than 2 week) neck or carotid artery ultrasound.	4
Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; 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.	4

Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Unknown	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; It is unknown if there has been a recent (less than 2 week) neck or carotid artery ultrasound.	4

Unknown	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			8
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	8
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	4

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	12
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; None of the above best describe the patient's tumor.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	4

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	112
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	36
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; 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.	32

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; 'None of the above' describes the congenital anomaly	12
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; The type of congenital anomaly is unknown.	4

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a loss of smell.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	16
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Bell's Palsy.	4

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	16
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has fatigue or malaise	4

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; It is unknown if the patient had a memory assessment for cognitive impairment completed	4
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Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		<p>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.;</p> <p>The patient has Memory Loss.; This is a new/initial evaluation;</p> <p>The patient had a memory assessment for cognitive impairment completed; The patient has normal results of B12, TSH and other metabolic labs; The cognitive assessment score was greater than or equal to 26</p>	4
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Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	8

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient had an audiogram.; It is unknown if the results of the audiogram were normal or abnormal.; It is unknown why this study is being ordered.; The patient has hearing loss.	8
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient had an audiogram.; The results of the audiogram were abnormal.; It is unknown why this study is being ordered.; The patient has hearing loss.	12

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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).	8
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.	4

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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).	16
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	12

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	20
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for an aneurysm.; This study is being ordered as a screening for an aneurysm or AVM (arteriovenous malformation).	8
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	16

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	4
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Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed more than 12 months ago; The patient has a biopsy proven cancer	4
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Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The patient has a biopsy proven cancer	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for a new diagnosis of Parkinson's.	4

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	12
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has NOT been a change in seizure pattern or a new seizure.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	16

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	12
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Vascular Disease	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material			4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; This is a request for a Thorax (Chest) CT.; This study is being ordered for work-up for suspicious mass.	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	8
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	40
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.	4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain 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.	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.	8

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4
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Unknown	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; It is unknown when the primary symptoms began	4
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Unknown	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	4
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Unknown	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4
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Unknown	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	4
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Unknown	Approval	71250 Computed tomography, thorax; without contrast material		It is unknown if they had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease	4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; An abnormal lab finding 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).	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Initial staging prior to 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	4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis 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	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.	4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	12
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Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	28
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Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	12
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Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Chemotherapy was given for this diagnosis	12
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Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	40
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Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4
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Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	8
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Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4
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Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; This is a request for a Thorax (Chest) CT.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There is no radiologic evidence of mediastinal widening.; This is a request for a Chest CT.; This study is being ordered for vascular disease other than cardiac.	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	12

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		They did not have a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	20
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	44

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient is 49 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 screening of lung cancer.	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Interstitial Lung disease; A chest x-ray has NOT been completed; This Interstitial Lung Disease is suspected	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	88
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	32

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	12
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	16
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for Unresolved cough; A chest x-ray has NOT been completed	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; It is unknown if there is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	8
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.	4
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	4

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Thorax (Chest) CT.; This study is being ordered for known tumor.	8
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	12

Unknown	Approval	71250 Computed tomography, thorax; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Medications were given for this diagnosis</p>	8
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Unknown	Approval	71250 Computed tomography, thorax; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago</p>	4
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Unknown	Approval	71250 Computed tomography, thorax; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	4

Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	8
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Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; It is unknown if the pack year (PPY) is documented in the patient's chart.</p>	4
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Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 10 to 19 pack years.; The pack year (PPY) is documented in the patient's chart.</p>	4
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Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.</p>	72
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Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.</p>	108
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Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is a Medicare member.;</p> <p>The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.;</p> <p>The patient is between 50 and 77 years old.;</p> <p>The pack year (PPY) is documented in the</p>	4
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Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient is between 50 and 77 years old.; It is unknown if the pack year (PPY) is documented in the patient's chart.</p>	4
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Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	64
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Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.</p>	128
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Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		<p>This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient is between 50 and 77 years old.; The pack year (PPY) is NOT documented in the patient's chart.</p>	8
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Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	12
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	4

Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score. ; It is unknown if the patient has an elevated D-dimer blood test.	4
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probability score.	12

Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; The patient does have an elevated D-dimer blood test.	12
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Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for trauma or acute injury within 72 hours.; 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.	4
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Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for 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.	8
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Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material		<p>This study is being ordered for Inflammatory/ Infectious Disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>There are 2 exams are being ordered.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology;</p> <p>The primary symptoms began 6 months to 1 year</p>	8
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Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material		<p>This study is being ordered for Inflammatory/ Infectious Disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>There are 2 exams are being ordered.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4
Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	8

Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; weakness; There is not x-ray evidence of a recent lumbar fracture.	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have 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.	4

Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; There has been a recurrence of symptoms following surgery.; The surgery was less than 6 months ago.; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurological Surgery, Neurology or Orthopedics	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Known Tumor with or without metastasis	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Pre-Operative Evaluation; It is not known when surgery is scheduled.	4

Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Pre-Operative Evaluation; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks.	4
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Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		<p>This is a request for a lumbar spine CT.; Pre-Operative Evaluation; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks.; There is x-ray evidence of a recent lumbar fracture.</p>	4
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Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		<p>This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	8
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Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; It is unknown when the primary symptoms began	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	12

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	8

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	8
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; It is unknown if the patient has a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine; The pain did NOT begin within the past 6 weeks.	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; It is not known if the pain began within the past 6 weeks.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	16

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	16
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	12
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	20

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	8
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Vascular Disease	4

Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4

Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	4

Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is recent evidence of a thoracic spine fracture.;</p> <p>It is not known if there is weakness or reflex abnormality.</p>	4
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Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI;</p> <p>This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is recent evidence of a thoracic spine fracture.;</p> <p>There is no weakness or reflex abnormality.</p>	4
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Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI;</p> <p>This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is recent evidence of a thoracic spine fracture.;</p> <p>There is weakness.;</p>	4
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Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is recent evidence of a thoracic spine fracture.;</p> <p>There is weakness.;</p> <p>weakness and pins and needles sensation shooting down both legs right greater than left.;</p> <p>Patient is significantly weak on right side compared to left.</p>	4
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Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</p>	8
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Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or</p>	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for Known Tumor with or without metastasis</p>	4

Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for</p> <p>Neurological deficits;</p> <p>The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is recent evidence of a thoracic spine fracture.;</p> <p>There is weakness.;</p>	4
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Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			8
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; It is unknown when the primary symptoms began	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	12
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	12
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Something other than listed has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	12

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6 months	24
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Unknown	20
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	92
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	8

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	8
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	16
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	20
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Chiropractic care has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	92
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	36

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has New symptoms of paresthesia evaluated by a neurologist; This procedure is NOT being ordered for acute or chronic back pain	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	16

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	8
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		<p>This is a request for a thoracic spine MRI.;</p> <p>This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.;</p> <p>The patient does not have a new foot drop.;</p> <p>The patient does not have new signs or symptoms of bladder or bowel dysfunction.;</p> <p>There is recent evidence of a thoracic spine fracture.;</p> <p>It is not known if there is weakness or reflex abnormality.</p>	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		<p>This study is being ordered for a metastatic disease.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	8

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		<p>This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year</p>	4
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Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Medications were given for this diagnosis</p>	4
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Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
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Unknown	Approval	72159 Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Approval	72192 Computed tomography, pelvis; without contrast material		There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; The surgery being considered is NOT a hip replacement surgery.	4
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Other not listed best describes the reason for this procedure	4

Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	4
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; No prior imaging was conducted; The patient's cancer is known; This is being requested for initial staging.	4

Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; Other imaging has been previously conducted.; The patient's cancer is known; This is being requested for suspected metastasis.	4
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; The patient has Endometriosis.; The patient had a previous Ultrasound.; The ordering provider's specialty is NOT OB/Gynecology, Surgery or Surgical Oncology.	4

Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is infection based on symptoms.	4
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is not listed.	4
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Pelvis fracture or injury best describes the reason for this procedure; The result of a prior x-ray was a suspected fracture. ; The ordering provider's specialty is NOT Orthopedics, Pediatrics, Sports Medicine, Physical Medicine, Rehabilitations or Doctors and Rehabilitation	4

Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Initial staging; The ordering provider's specialty is NOT Urology, Hematologist/Oncologist, Radiation Oncology or Oncology	8
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Restaging; The ordering provider's specialty is NOT Hematologist/Oncologist, Radiation Oncology, Oncology, Surgery, Surgical Oncology or Urology	8

Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; A biopsy is planned in 6 months or less; The ordering MDs specialty is NOT Urology	24
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; It is unknown if a biopsy is planned	4

Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	4
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8

Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	8

Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.	8
Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	12
Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	4

Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	4
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Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	4
Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	8

Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	8
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)			12
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The member has a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	4

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	4
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or 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.	8
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	4

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	44
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Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.</p>	4
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Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	4
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; 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.	8
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	40

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is a Medicare member.	4
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	4

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	4
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	4
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The study is for post operative evaluation.; There are physical or plain film findings of delayed or failed healing.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	4

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient has documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient has an abnormal plain film study of the joint.	4
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This is a request for an upper extremity joint MRI.; The patient has documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient has an abnormal plain film study of the joint.	4

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago;</p> <p>Home Exercise was done for this diagnosis</p>	8
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Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
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Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material		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 Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	4

Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material		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 Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	4
Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.	8

Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material		<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; This request is NOT for pre-operative planning;</p> <p>The patient has documented limited range of motion; The patient has used a cane or crutches for greater than 4 weeks; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; There is NOT a suspected infection of the hip. ;</p> <p>There is NOT a suspicion of AVN. ;</p> <p>There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip. ; The</p>	4
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Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	4
Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an Ankle CT.; There NOT a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within the last 2 weeks; The patient has documented limited range of motion	4

Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material		This is Non-Diagnostic (to be used during surgery or to mold a joint replacement part); This is for Makoplasty and/or TKA or other non-surgical planning	4
Unknown	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing			4
Unknown	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	4

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	8

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	4

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Wheel chair; The ordering MDs specialty is NOT Orthopedics.	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	8

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	8
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	8

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	48
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	8

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	8
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	20
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The study is for a mass, tumor or cancer.	4

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	8

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	16
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for 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.	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	4

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	8
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago;</p> <p>Physical Therapy was completed for this diagnosis</p>	4
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Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	4
Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	4
Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	4

Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is requested to detect residual cancer after a course of treatment has been completed?	4
Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; It is not known if there is a suspicion of tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	4
Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; The study is for post operative evaluation.	8

Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; This is NOT a Medicare member.	4
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study 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.	4

Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.	4
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.	4
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.	12

Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.	4
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Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		<p>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.</p>	8
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Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.	4
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	24

Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; This is NOT a Medicare member.	4
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	20
Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	12
Unknown	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; It is unknown when the primary symptoms began	4
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	4
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	4
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	28
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Chemotherapy was given for this diagnosis	12
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	40
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	8
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; 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.	4
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	16
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	4
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.</p>	32
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.</p>	4
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	12
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	8
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	44

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	16
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	8

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Acute ulcerative colitis with other complication; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Rectal Bleeding; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	8

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	12
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.</p>	8
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	24
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; The patient is Female.</p>	4
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	12
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; The patient is Male.</p>	4
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	20

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	16
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Female.	8
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	32

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam are unknown.; The patient is Male.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	8

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	8
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient had an amylase lab test.; The results of the lab test were abnormal.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	28
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	104
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	12

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has been treatment or conservative therapy.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year;</p> <p>Medications were given for this diagnosis</p>	4
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Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT scan and ultrasound have been previously conducted.; Bile duct stone best describes the reason for this procedure.; Prior imaging showed normal sized bile ducts.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Adrenal cancer is suspected.	4

Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	4
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Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	4

Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was inconclusive; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	4

Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for initial staging.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Other not listed best describes the reason for this procedure.	24
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Pre-procedure evaluation best describes the reason for this procedure.; The type of procedure the patient will have is unknown.	4

Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	12

Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	4

Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	12
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began</p>	4
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Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is other	8
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	8

Unknown	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)		The ordering provider's specialty is NOT Vascular Surgery, Interventional Radiology, Plastic Surgery, Thoracic Surgery, General Surgery, Urology or Surgical Oncology; This study is being requested for vascular disease.; The patient does not have a NEW onset of abdominal or back pain.; The renal (Kidney) is involved.; An ultrasound has been conducted.; The results of previous imaging were inconclusive.	4
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Unknown	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This case was created via RadMD.; Agree; This Heart MRI is being requested for heart failure and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed 6 months ago or less; The patient has not had a previous Cardiac (Heart) MRI.	4
Unknown	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This Heart MRI is being requested for Other	4
Unknown	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This is NOT a Medicare member.; This Heart MRI is being requested for Congenital Heart Disease (CHD); The ordering provider's specialty is NOT Pediatrics, Cardiology, Hematologist/Oncologist, Cardiac Surgery or Thoracic Surgery	4

Unknown	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;		This is NOT a Medicare member.; This Heart MRI is being requested for pre or post procedural evaluation; Something other than listed was or is being performed; The ordering provider's specialty is NOT Cardiology or Cardiac Surgery	4
Unknown	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		This is a request for a CT scan for evaluation of coronary calcification.	4

Unknown	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	Approval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)		This is a request for Heart CT Congenital Studies.	4

Unknown	Approval	75574 Ct Angio Hrt W/3d Image		<p>Reluctant to have cath</p> <p>- will set up coronary CTA; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is 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</p>	4
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Unknown	Approval	75574 Ct Angio Hrt W/3d Image		<p>This is a request for CTA Coronary Arteries.;</p> <p>The patient has not had other testing done to evaluate new or changing symptoms.;</p> <p>The patient has 2 cardiac risk factors;</p> <p>The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.;</p> <p>There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;</p> <p>The study is requested for suspected coronary artery disease.;</p> <p>The member has known or suspected coronary artery disease.</p>	4
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Unknown	Approval	75574 Ct Angio Hrt W/3d Image		<p>This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.</p>	8
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Unknown	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Unknown	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	4
Unknown	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	8

Unknown	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested to evaluate a suspected cardiac mass.	4
Unknown	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; This study is requested for Electrophysiology ablation planning; The ordering MDs specialty is not Cardiology.	4
Unknown	Approval	75574 Ct Angio Hrt W/3d Image		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Atherosclerosis is known or suspected; The procedure is planned in 6 months or less	4
Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	12
Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Pulse Volume Recording; The study was abnormal	4

Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Toe Brachial Index (TBI); The study was abnormal	4
Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	20
Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had Segmental Pressures; The study was abnormal	4

Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Toe Brachial Index (TBI); The results of the study are unknown	4
Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was normal	4
Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; The patient had another study not listed	4
Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral			4
Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.	8

Unknown	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)		This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	12
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Unknown	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed	8
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Unknown	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
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Unknown	Approval	78451 Ht Muscle Image Spect Sing		63-year-old male presenting with chest pain. History of multiple heart attacks and stents. Recent EKG and troponin levels do not indicate myocardial infarction. Symptoms include sharp and dull chest pain, sometimes radiating to the arm.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;	4
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Unknown	Approval	78451 Ht Muscle Image Spect Sing		chest pain, dyspnea, and fatigue in patient with known CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The 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	4
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Unknown	Approval	78451 Ht Muscle Image Spect Sing		<p>She has residual borderline severe obstructive CAD in mid to distal LCX and mid LAD: Will order an NM pharmacologic stress test to begin workup and decision making for timing of intervention; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery</p>	4
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Unknown	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is unknown if Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months</p>	4
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Unknown	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.;</p> <p>The ordering MDs specialty is not Cardiology or Cardiac Surgery; Ambulates using assistive device such as crutches, cane, walker, or wheelchair</p>	4
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Unknown	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed;</p> <p>Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study;</p> <p>The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago</p>	4
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Unknown	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</p> <p>Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; It is unknown when Other cardiac stress testing was completed</p>	4
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Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	4

Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed more than one year ago	4

Unknown	Approval	78451 Ht Muscle Image Spect Sing		<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource</p>	32
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Unknown	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Unknown	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation		This is a request for a Brain PET scan; This study is being ordered for a Brain Tumor.	4

Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body		<p>This is a request for a PET Scan; This is a Medicare member.;</p> <p>Cancer is the primary reason for this study.;</p> <p>It is unknown how many PET Scans have already been performed on this patient for this cancer.;</p> <p>This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose);</p> <p>The patient has Lung cancer.</p>	4
Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body		<p>This is a request for a PET Scan; This is a Medicare member.;</p> <p>Cancer is the primary reason for this study.;</p> <p>This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose);</p> <p>The patient has another type of cancer not listed.</p>	4

Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is the first PET Scan on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4
Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is for a PET Scan with Fluciclovine (18F).	4
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	8
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4

Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		<p>This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; Cancer is the primary reason for this study.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Melanoma cancer.</p>	4
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Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lung cancer.	4
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has another type of cancer not listed.	12

Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with PSMA.	12
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	4

Unknown	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress</p>	4
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Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.	8
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	8

Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a 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.	4
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Unknown	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.</p>	4
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Unknown	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.</p>	4
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Unknown	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; It is unknown if this is a request for follow up of a known murmur.</p>	4
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Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	12

Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	8
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.	28

Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	4

Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 7-9 months since the last echocardiogram.	4

Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	40
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	32

Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	8
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	84

Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	12
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	60

Unknown	Approval	93307 Tte W/O Doppler Complete		<p>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.</p>	8
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Unknown	Approval	93307 Tte W/O Doppler Complete		<p>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.</p>	4
Unknown	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.</p>	4

Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	16
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	84

Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; It is unknown why this study is being ordered.	16
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Unknown	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure; This study is being ordered for abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	4
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Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	24
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Unknown	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being ordered for abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	4
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Unknown	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG; This study is being ordered for abnormal symptoms, physical exam findings, or diagnostic studies</p>	4
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Unknown	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.; This study is being ordered for abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	12
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Unknown	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	8
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Unknown	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart</p>	4
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Unknown	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	4
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Unknown	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.</p>	12
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Unknown	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of a cardiac mass.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a cardiac mass seen on x-ray</p>	4
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Unknown	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular</p>	4
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Unknown	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</p>	12
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Unknown	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	16
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Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; This study is being ordered for cardiac arrhythmias	4

Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	124
Unknown	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Unknown	Approval	93312 Echo Transesophageal		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	20
Unknown	Approval	93312 Echo Transesophageal		This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older.	4

Unknown	Approval	93312 Echo Transesophageal		<p>This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.; The patient is 18 years of age or older.</p>	12
Unknown	Approval	93350 Stress Tte Only		<p>This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations</p>	4

Unknown	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	4
Unknown	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	40

Unknown	Approval	S8037 Magnetic Resonance Cholangiopancreatography		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has undergone unsuccessful ERCP and requires further evaluation.	8
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	36
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' describes the headache's character.; Headache best describes the reason that I have requested this test.	4

Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	20
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	24
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	8

Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; 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.	4
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.	8
Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; 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); The patient has attempted medical management including nasal saline irrigation and/or topical intranasal steroids.	4

Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; 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 is unknown how many courses of antibiotic treatment the patient had.	4
Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.	12

Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	4

Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.	4
Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	4
Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is scheduled in the next 30 days.	4

Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	8
Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>There are 2 exams are being ordered.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed	4

Unknown	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Unknown	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4
Unknown	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4

Unknown	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Unknown	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Neck MR Angiography.; The patient has NOT had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	4

Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This 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.	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	12

Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; 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.	8

Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	12
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has fatigue or malaise	4

Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score was less than 26	4
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Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	8
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is NOT a new/initial evaluation	4

Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; 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.	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; 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).	4

Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; 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.	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	8

Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; 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.	12
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	16

Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; The patient had an abnormal lab finding related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is presenting with symptoms suspicious of lung cancer.	4
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Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4
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Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	4
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.	4

Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Vascular Disease; The ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery.	4
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Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; No treatment or therapy was given for this diagnosis or it is unknown	4
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Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	4
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Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4
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Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago	4
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Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	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 (for example:black lung disease or silicosis).; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; This is a request for a Chest CT.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	8
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	16

Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Chest CT.; This study is being ordered for suspected pulmonary Embolus.	4
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>There has not been any treatment or conservative therapy.;</p> <p>There are 2 exams are being ordered.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago</p>	4
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Unknown	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	12
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Unknown	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is 49 years old or younger.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.	8
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Unknown	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The pack year (PPY) is NOT documented in the patient's chart.	4
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Unknown	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; It is unknown what the patient primarily smokes.	4
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Unknown	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The pack year (PPY) is NOT documented in the patient's chart.	4
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Unknown	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 20 to 29 pack years.; The pack year (PPY) is documented in the patient's chart.	4
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Unknown	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient is 78 years old or older.	4
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Unknown	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 10 to 19 pack years.; The patient is between 50 and 77 years old.; The pack year (PPY) is documented in the patient's chart.	4
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Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
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Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probability score.	4

Unknown	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Unknown	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	4

Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
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Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4
Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	4

Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.	4
Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4

Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary		8

Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	4
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Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic	4
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Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
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Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; (Pt presents with bilateral feet swelling, pt states they swell then they go down, pt states his BP goes up and down also. Pt states this has been going on for about a month. /Pt states that his back is still hurting.); There is not x-ray evidence of a recent lumbar fracture.	4
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Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4
Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.	4

Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.	4
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Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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.; Tizanidine 4mg; The patient has not completed 6 weeks or more of Chiropractic care.; The physician	4
Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Known or Suspected Infection or abscess; There is laboratory or x-ray evidence of osteomyelitis.	4

Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	4
Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.	4

Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.	4
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Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4
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Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary		16
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; It is unknown when the primary symptoms began	4

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; It is unknown when the primary symptoms began	4

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	16
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	12
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	4

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; The patient has a new onset or changing radiculitis / radiculopathy	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; The patient has None of the above	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	8

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	12

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	8

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	8
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	12

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	32
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; The patient has None of the above	8

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	4

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	48
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	8

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	28
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	4

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 5 or more exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
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Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
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Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; It is unknown when the primary symptoms began	4

Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	12

Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4

Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	12
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4

Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	4
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Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	4
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Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4
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Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	4
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Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; PT HAS WEAKNESS AND NUMBNESS IN THE ARMS ESPECIALLY THE RIGHT SIDE	4
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Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; tenderness over the midline thoracic spine	4
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Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	8
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Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	8
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary		16

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; It is unknown when the primary symptoms began	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; It is unknown when the primary symptoms began	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	12
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Unknown	52
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	116

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	40
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	12
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	12
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	12

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	12

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	88
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Ice and/or heat has been used for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	16

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	12

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
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Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
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Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
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Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary		4

Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; The surgery being considered a hip replacement surgery.	4
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Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	12

Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; It is unknown why this procedure is being ordered	4
Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; A CT scan and ultrasound have been previously conducted.; Prior imaging was normal; The pain is in the Lower abdomen	4

Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; No prior imaging has been conducted; The pain is in the Lower abdomen	4
Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Persistent pain best describes the reason for this procedure; The pain is best described as other not listed	4
Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; No prior imaging was conducted; The patient's cancer is suspected	4

Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4

Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
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Unknown	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering MDs specialty is NOT Orthopedics or Rheumatology.	4
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Unknown	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Unknown	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the upper extremity.	4

Unknown	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	4
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Unknown	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
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Unknown	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary		4

Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.; Surgery or 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.	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.; Surgery or 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.	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	12

Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has 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.	4
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Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	12

Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	4
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Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	4
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Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	20

Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; 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.	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	4

Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	8

Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The 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.	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8

Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 5 or more exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
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Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
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Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
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Unknown	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
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Unknown	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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Unknown	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary		4

Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	12

Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	4

Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Wheel chair; The ordering MDs specialty is NOT Orthopedics.	4

Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	12
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	4

Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	8
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	12
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	8

Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	28
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	4

Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
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Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
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Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 5 or more exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	16
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Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary		4
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	8

Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	20
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; It is not known if there is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4

Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injuryis not suspected.; There is a suspicion of fracture not adequately determined by x-ray.	8
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologi st, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	8

Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	8
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Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
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Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary		4
Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; This is NOT a Medicare member.	4

Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for initial staging of a known tumor other than prostate.	4
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Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a 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.	4
Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This 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 NOT a Medicare member.	4

Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; It is not known if this patient is experiencing hematuria.	4
Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; This is NOT a Medicare member.	4

Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.	4
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Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for 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.	12
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Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Hematuria.; This is NOT a Medicare member.	4
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Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	4
Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; This is NOT a Medicare member.	4
Unknown	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	4

Unknown	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	8
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Vascular Disease; The ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery.	4
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Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; No treatment or therapy was given for this diagnosis or it is unknown	4
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Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	4
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Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	4
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Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago	4
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Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; 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.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; 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.	8

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; 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.; 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.	4
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Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than 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.	4
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Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	20
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.	8

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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.	4

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.	4
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Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); GALLSTONES; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Hydronephrosis;Renal mass/cyst, indeterminate; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); R63.4 weight loss; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is 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 study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	4

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	12
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	8
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	4

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	8
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Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; The patient is Female.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	12

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	8
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	8

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Other imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	4
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Other not listed best describes the reason for this procedure.	4

Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is NOT on medication for this condition; Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is Crohn's disease.	4
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Unknown	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; Agree; This Heart MRI is being requested for evaluation for aneurysm; Follow up after initial diagnosis of aneurysm	4
Unknown	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	This is a request for a CT scan for evaluation of coronary calcification.	8

Unknown	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	bright is here for a evaluation of palpitations and chest pain. She will start to feel anxious our of no where and then she feels her heart racing. She feels her arms and legs tingle. She gets clammy, has chest pain and feels this in her neck. She has bee; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is 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	4
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Unknown	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	frequent chest pain and tachycardia. Family history of premature CAD sister was diagnosed with peripartum cardiomyopathy; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
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Unknown	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Toe Brachial Index (TBI); The study was abnormal	4

Unknown	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; No other study was performed	4
Unknown	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was normal	4
Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary		4

Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
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Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	8
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Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected	4
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Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	<p>Cardiomyopathy- mildly reduced LV function at 45;His blood pressure was 140/80 today. Will place him on lisinopril 2.5 mg daily. Plan a Cardiolite imaging study follow-up in the clinic 4-6; 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.;</p> <p>The patient has 2 cardiac risk factors;</p> <p>The study is requested for congestive heart failure.;</p> <p>There are new or changing cardiac symptoms including</p>	4
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Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	HTN (hypertension), benign; Shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
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Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	4
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Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	4
Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	4
Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	12

Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.	4
Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Unknown	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; This study is being ordered for Chest pain of suspected cardiac etiology	4
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Unknown	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a pre-operative or post operative evaluation.	4
Unknown	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	4

Unknown	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	8
Unknown	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Unknown	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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Unknown	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	4

Unknown	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	4
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Unknown	Disapproval	S8037 Magnetic Resonance Cholangiopancreatography	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began</p>	4
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Urology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	4
Urology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	4
Urology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	8

Urology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; 'None of the above' are 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	4
Urology	Approval	71250 Computed tomography, thorax; without contrast material		'None of the above' describes the reason for this request.; 'None of the above' were 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.	4

Urology	Approval	71250 Computed tomography, thorax; without contrast material		'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	16
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Urology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Urology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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Urology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	16
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Urology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Urology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	8
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Urology	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	24
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Urology	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	8
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Urology	Approval	71250 Computed tomography, thorax; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	20
Urology	Approval	71250 Computed tomography, thorax; without contrast material		They had a previous Chest x-ray.; This is a request for a Chest CT.; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4

Urology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; The patient is 49 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 screening of lung cancer.	4
Urology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for known tumor.	32
Urology	Approval	71250 Computed tomography, thorax; without contrast material		This is a request for a Chest CT.; This study is being ordered for non of the above.; The study is being ordered for none of the above.	4
Urology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	4

Urology	Approval	72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for a pelvis CT angiography.	4
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		The patient has painful hematuria.; The patient has not had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.	4
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered because of a suspicious mass/tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	8

Urology	Approval	72192 Computed tomography, pelvis; without contrast material		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.	4
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	12

Urology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to organ enlargement.; There is ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.	4
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)			16
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is not listed.	8

Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is Urethral stricture or periurethral pathology.	4
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; None of the above best describes the reason for this procedure	4
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Other not listed best describes the reason for this procedure	28
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Persistent pain best describes the reason for this procedure; The pain is best described as other not listed	4
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; It is unknown why this is being requested	8

Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Initial staging; The ordering provider's specialty is Urology	4
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Restaging; The ordering provider's specialty is Urology	40
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; A biopsy is planned in 6 months or less; The ordering MDs specialty is Urology	160

Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; A biopsy is planned in more than 6 months	4
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; A biopsy was completed with negative results, but ongoing concerns; The ordering MDs specialty is Urology	12
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; It is unknown if a biopsy is planned	8

Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; No biopsy is planned	24
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was inconclusive; The ordering provider's specialty is Urology.; The patient's cancer is suspected	4
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; No prior imaging was conducted; The patient's cancer is suspected	8

Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; Other imaging has been previously conducted.; The patient's cancer is suspected	4
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; It is unknown if this study is being ordered for 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.	4

Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for	4
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for new symptoms including hematuria, presenting with known cancer or tumor.	4

Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; 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.	8
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is a Medicare member.	28

Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.	8
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is a Medicare member.	4

Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.	12
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			16

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	16
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	8
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	24
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	8
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	16
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	8
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	84
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	16
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.</p>	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; 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.	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.	56
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is 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.</p>	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.</p>	104
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; 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.	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.</p>	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.</p>	12
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for 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.</p>	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.	8
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.</p>	8
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	40

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	16
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: Organ enlargement (system matched response);</p> <p>HYDRONEPHROSIS;</p> <p>This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	12
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Reason: ELSE (system matched response); will fax in clinicals; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); F/U RENAL CELL CARCINOMA; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); HESITANCY OF MICTUTITION; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	16

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is 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.</p>	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is 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.</p>	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.</p>	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		<p>This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.</p>	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is 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.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; 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.; It is not known if a rectal exam was performed.; The patient is Male.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; The patient is Female.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	12
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); The patient is Female.	4
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	16
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a pelvic exam was performed.; The patient is Female.	8
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.	48
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	92
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	188

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	80
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Urology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Adrenal cancer is suspected.	8

Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Urology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	8
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Urology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	32

Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A CT scan is the only has been previously conducted.; Bile duct stone best describes the reason for this procedure.; Prior imaging showed enlarged bile ducts.	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Adrenal cancer is suspected.	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	4

Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Urology; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is not listed.	4

Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for initial staging.	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Adrenal cancer is suspected.	4

Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Post-procedure evaluation best describes the reason for this procedure.; The patient had surgery.; The surgery or ablation was more than 3 months ago.	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for hematuria.	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	12
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	8

Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	4
Urology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Thromboembolism is known or suspected; The procedure is planned in 6 months or less	4
Urology	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is for a PET Scan with PSMA.	8
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body			4

Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	8
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; 1 or 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has Lymphoma or Myeloma.	4

Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The patient has another type of cancer not listed.	12
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with PSMA.	32
Urology	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	4

Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.	4
Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Other not listed best describes the reason for this procedure	8
Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Persistent pain best describes the reason for this procedure; No prior imaging has been conducted; The pain is in the Lower abdomen	4
Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; A biopsy is planned in 6 months or less; The ordering MDs specialty is Urology	8

Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; No biopsy is planned	8
Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; No prior imaging was conducted; The patient's cancer is suspected	4

Urology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary		4

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago	4
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Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; 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.	4
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Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; 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.	4
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Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.	8
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Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.	4
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Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not known if there is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: Organ enlargement (system matched response); HYDRONEPHROSIS; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); Bilateral testicular microlithiasis; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Reason: ELSE (system matched response); nocturnal enuresis; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This is study NOT being ordered for a	4
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Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam are unknown.; The patient is Male.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A pelvic exam was NOT performed.; The patient is Female.	4

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; A rectal exam was not performed.; The patient is Male.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient is Female.	4

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; A rectal exam was performed.; The results of the exam were abnormal.; The patient is Male.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a rectal exam was performed.; The patient is Male.	4

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.	8
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	12

Urology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's specialty is Urology; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; The type of suspected cancer is not listed.	4
Vascular Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4

Vascular Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Asymptomatic with abnormal ultrasound showing severe stenosis (70% or more) best describes the clinical indication for requesting this procedure	4

Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.	4

Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	8
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Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
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Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	4
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Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a suspected Thoracic Aortic Aneurysm (TAA).; Yes, this is a request for a Chest CT Angiography.; The patient does have symptoms of abrupt onset of severe sharp or stabbing pain in the chest, back or abdomen OR has asymmetric blood pressure readings between limbs.	4
Vascular Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4

Vascular Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Vascular Surgery	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the upper extremity.	12
Vascular Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.	4

Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	8
Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	20

Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
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Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Vascular Surgery	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	4

Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via BBL.; This procedure is being requested for evaluation of vascular disease in the legs; The patient had Segmental Pressures; The study was abnormal	4
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is Vascular Surgery; This procedure is being requested for post-procedural evaluation	4
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is Vascular Surgery; This procedure is being requested for pre-procedural evaluation	4

Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	8
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; The patient had another study not listed	8
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4

Vascular Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	4
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Vascular Surgery	Approval	93307 Tte W/O Doppler Complete		<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart; Their enlarged heart</p>	4
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Vascular Surgery	Approval	93307 Tte W/O Doppler Complete		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	8
Vascular Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Other not listed; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Vascular Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Vascular Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	20

Vascular Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
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Vascular Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is not an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4
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